

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

830 11136 37  
Reg. Dist. No.

### 1. PLACE OF DEATH

County Baltimore  
City or town Cockeysville Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 16 months  
Hospital, institution, or street address where death occurred:  
Masonic Home, Cockeysville  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Baltimore  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Jappa Md  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Florence Ackerman

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Ernest Ackerman  
7. Birth date of deceased (mo., day, yr.) Aug 22, 1872  
6.(c) If alive, give age 78 years  
8. AGE: Years 76 Months 3 Days 3 If less than one day  
..... hrs. .... min.

9. Birthplace Baltimore Md  
(Town, county, and state)

10. Usual occupation Housewife

### 11. Industry or business

12. Name John Middleton Dorf  
13. Birthplace Baltimore Md  
14. Maiden name Anna Smith  
15. Birthplace Baltimore Md  
16. Informant Laura M. Schroeder  
Address Masonic Home, Cockeysville  
17. Burial Date thereof Nov 27 - 48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Mt. Carmel  
Location Trapp Road  
18. Funeral director Wm. Cook  
Address St. Paul + Preston St  
19. Nov 26 19 48 Laura M. Schroeder  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 19 48  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 48 to Nov 25 19 48  
and that I last saw him alive on Nov 24 19 48  
Immediate cause of death Cerebral Vascular Accident  
DUE TO Senile Arteriosclerosis  
Other conditions  
(Include pregnancy within 8 months of death)  
Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

### DURATION

3 weeks  
5 yrs

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

### 23. SIGNATURE

Walter T. Kees M.D.  
Cockeysville Md Date signed 11/25/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11135 33

1. PLACE OF DEATH: Baltimore  
 County.....  
 City or town.....Burns Mills  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....20 years  
 Hospital, institution, or street address where death occurred:.....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....Md.....County.....Baltimore  
 City or town.....Burns Mills  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....Kingsley Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME Dorothy Anne Ash

3. (b) Social Security Number

4. Sex.....F.....5. Color or race.....W.....6. (a) Single, married, widowed, or divorced.....Married  
 6. (b) Name of husband or wife.....Charles Ash  
 7. Birth date of deceased (mo., day, yr.).....November 26, 1878  
 6. (c) If alive, give age.....years  
 8. AGE: Years.....69.....Months.....11.....Days.....13.....hrs.....min.....

9. Birthplace.....Canada  
 (Town, county, and state)  
 10. Usual occupation.....At Home  
 11. Industry or business.....

MOTHER FATHER  
 12. Name.....Thomas Iversen  
 13. Birthplace.....Germany  
 14. Maiden name.....Mary A. Dickson  
 15. Birthplace.....England

16. Informant.....Dorothy C. Christy  
 Address.....Kingsley Rd. - Burns Mills  
 17. Burial.....Date thereof.....11-11-1948  
 (Burial, cremation, or removal) Which?.....(month) (day) (year)

Cemetery or crematory.....Good Shepherd  
 Location.....Howard Co. Md  
 18. Funeral director.....J. Howard Strong  
 Address.....3207 W. North Ave

19. Nov. 10 1948.....A.W. Hedrick  
 (Date rec'd by registrar).....Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....November 8, 1948 at 11:30 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 18, 1948 to Nov. 8, 1948  
 and that I last saw him alive on November 8, 1948

Immediate cause of death.....Heart failure  
in general and cerebral edema  
 Due to.....Hypertensive  
heart disease  
 Due to.....Arteriosclerosis

## DURATION

5 days  
several  
years

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide.....Date of.....  
 Where did injury occur?.....(City or town).....(County).....(State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury.....Injured at work?

23. SIGNATURE.....J. Walter Lunden, M.D.  
 M. D. or other  
Reisterstown  
 Address.....Date signed.....11-9-48

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11137 44

### 1. PLACE OF DEATH:

County Balto  
City or town Middle River  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Ing Hall  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md County Balto  
City or town Dundalk  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3040 Liberty Parkway  
(If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3. (a) FULL NAME

John Bimestefer

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced widow  
6. (b) Name of husband or wife Mary Bimestefer  
6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) May 1 1864  
8. AGE: Years 84 Months 6 Days 20 If less than one day  
hrs. min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21-48 19 at 4:45 pm  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
11-18-48 19 to 11-21 19 48  
and that I last saw him alive on 11-21-48 19  
Immediate cause of death  
Cerebral Hemorrhage - 2 days  
DURATION  
2 years  
Due to Hypertension Cardiovascular disease  
Due to Generalized arteriosclerosis  
Other conditions  
(Include pregnancy within 3 months of death)

9. Birthplace Balto  
(Town, county, and state)  
10. Usual occupation Sheet Metal  
11. Industry or business  
12. Name John Bimestefer  
13. Birthplace Gu  
14. Maiden name Shank  
15. Birthplace Gu  
16. Informant John Bimestefer  
Address 3040 Liberty Parkway  
Burial Date thereof Nov 24 1948  
(Burial, cremation, or removal Which?) (month) (day) (year)  
Cemetery or crematory Oak Lawn  
Location Balto Co Md  
18. Funeral director Ullrich Funeral Home  
Address 2008 Orleans St  
19. 11/23 48 19 Outstanding  
(Date rec'd by registrar) Registrar

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE Eugene F. Neary M.D.  
M. D. of other  
Address Dundalk, Md Date signed 11-22-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 38

## 1. PLACE OF DEATH:

County BALTIMORE  
City or town TOWSON  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BALTIMORECity or town \_\_\_\_\_  
(If outside city or town limits, write RURAL and give nearest town)Street No. WINDSOR MILL RD.  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

ELMER WILLIAM BLANK

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S.

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) MARCH 26, 19068. AGE: Years 42 Months 7 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace BALTIMORE, MD.  
(Town, county, and state)10. Usual occupation LABORER

## 11. Industry or business

12. Name W. M. C. BLANK13. Birthplace BALTO., MD.14. Maiden name ANNIE M. BLANKNER15. Birthplace BALTO. MD.16. Informant Mrs. Herbert E. WagnerAddress 7034 Windsor Mill Rd., Woodlawn17. BURIAL Date thereof Nov. 10, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory M. T. OLIVELocation RANDALLSTOWN, MD.18. Funeral director Blond T. FisherAddress 2112 DUNDALK AVE.19. Nov 10 1948 Registrar A. W. Hedrick  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8, 1948 at 7:15 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6, 1948 to Nov 6, 1948and that I last saw him alive on Nov 6, 1948

Immediate cause of death \_\_\_\_\_

Due to Coronary Occlusion ludleyDue to arteriosclerosis

Other conditions \_\_\_\_\_

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

Signature Herbert E. Wagner M. D. or other Nov 8/48Address Jurison - 4 - MD Date signed 11/8/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct-age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 days

Hospital, institution, or street address where death occurred:

Veterans Administration Hosp. Ft. Howard Md.How long in hospital or institution? 25 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County .....City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 133 S. Spring St.  
(If rural, give LOCATION)2. (a) If veteran, name war WW-1 ✓

## 3. (a) FULL NAME

JOSEPH BOBROVSKY

## 3. (b) Social Security Number

Unknown

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife - -

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

January 20, 1892

8. AGE:

Years

Months

Days

If less than one day

56930

hrs.

min.

9. Birthplace

Wilno, Russia

(Town, county, and state)

10. Usual occupation

Unemployed

11. Industry or business

FATHER  
MOTHER

12. Name

Conrad Bobrovsky

13. Birthplace

Russia

14. Maiden name

Ann Kosawk

15. Birthplace

Russia

16. Informant

Clinical Records, Vets. Adm. Hosp.

Address

Fort Howard, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

11/23/48  
(month) (day) (year)

Cemetery or crematory

Baltimore National Cemetery

Location

5501 Frederick Ave. Balto. Md.

18. Funeral director

Blight Funeral Home Howard N. Blight

Address

6009 Harford Rd. Balto. Md.

19.

Nov 23 19 48  
(Date rec'd by registrar)

19

48

A. W. Hedrick  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 19 48 at 4:00 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25 19 48 to Nov. 19 19 48.and that I last saw him alive on November 19 19 48.

Immediate cause of death

Neuroblastoma arising in region of tail of pancreas with extensive metastases

DURATION

4 mos.

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State) .....

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

J. SAUNDERS, M.D. OFFICER OF DAY

M. D. or other

Address

VAH FT. Howard, Md.Date signed 11-22-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

## 1. PLACE OF DEATH:

County... Baltimore  
 City or town... Pikesville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 45 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Baltimore  
 City or town... Pikesville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1106 Reisterstown Rd.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... —

## 3. (a) FULL NAME

Fannie Bounds

## 3. (b) Social Security Number

4. Sex F. 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow

8.(b) Name of husband or wife Joseph S. Bounds  
Deceased 8.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) Dec. 7 - 1889

8. AGE: Years 88 Months 10 Days 28 If less than one day  
 hrs. min.

9. Birthplace Howard Co. Md  
 (Town, county, and state)

10. Usual occupation Homemaker

## 11. Industry or business

FATHER 12. Name Benjamin Cole

13. Birthplace Colesville, Howard Co. Md.

MOTHER 14. Maiden name Elinor Lewis

15. Birthplace Prince Georges Co., Md.

16. Informant Mrs. Lola Ray

Address Pikesville, Md

17. Burial Date thereof Nov 8 - 48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Savage Cemetery

Location Savage Md.

18. Funeral director Frank H. Newell Inc

Address Pikesville, Md

19. 11-6- 1948 E. E. Nicholas  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1948 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1943 to Nov 5 1948

and that I last saw him alive on Nov 5 1948

Immediate cause of death

Carcinoma of both breasts with metastases

Due to both breasts

pleural cavity.

Due to

Other conditions severely

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma

Date of op. 1944

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Nicholas M.D.

M. D. or other

Address Pikesville, Md. Date signed 11-6-48

RECEIVED

STATE OF TEXAS

DEPARTMENT OF HEALTH

IMMUNIZATION DIVISION

RECEIVED  
NOV 10 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County md  
 City or town Parkville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Nospitel, institution, or street address where death occurred:

7903 Old Bayford Road  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Baltimore  
 City or town Parkville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 7903 Old Bayford Road  
 (If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

James W. Bounds

## 3. (b) Social Security Number

214-03-37234. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Ethel L. Bounds7. Birth date of deceased (mo., day, yr.) July 1, 1876 6. (c) If alive, give age ..... years8. AGE: Years 72 Months 4 Days 29 If less than one day ..... hrs. .... min.9. Birthplace Laurel, md (Town, county, and state)10. Usual occupation Retired

## 11. Industry or business

12. Name Dennis Bounds13. Birthplace Savage, Md.14. Maiden name Sarah Robey15. Birthplace Md.16. Informant Mrs. Ethel L. BoundsAddress 7903 Old Bayford Road17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 12/3/48 (month) (day) (year)Cemetery or crematory Gravel Ridge CemeteryLocation Pikesville, Md.18. Funeral director Howard W. Blight, Jr.Address 6009 Bayford Road19. Dec 2 19 48 A. W. Hedrick Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30- 19 48 at 4<sup>05</sup> P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-8 19 48 to 11-30 19 48  
 and that I last saw him/her alive on 11-30- 19 48

Immediate cause of death

Cerebral Thrombosis DURATION 24 hrsDue to Arteriosclerotic cardio-vascular disease ?

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Smeton C. Lang, M.D. M. D. or otherAddress 2117 Belair Rd Date signed 12-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

## 1. PLACE OF DEATH:

County Balto.City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

5313 Edmondson Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. CountyCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 22 W. 25th St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

BERTIE M. BROADBELT

## 3. (b) Social Security Number

4. Sex

female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widowed6.(b) Name of husband or wife Henry Albert Broadbelt

7. Birth date of

deceased (mo., day, yr.)

B.(c) If alive, give age years

August 2, 1874

8. AGE:

Years

Months

Days

If less than one day

7430

hrs.

min.

B. Birthplace

Union Bridge, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

James E. Malambre

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary A. Graham

15. Birthplace

Maryland

18. Informant

Miss Hannah M. Broadbelt

Address

22 W. 25th St.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof 11/6/48

(month) (day) (year)

Cemetery or crematory

Woodlawn Cem.

Location

Woodlawn, Md.

18. Funeral director

WM. J. TICKNER & SONS

Address

Balto., Md.

19.

(Date read by registrar)

19.

x8Dr. W. H. Hedrick  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 19 48, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 19, 1948 to 11/2 19 48  
and that I last saw him alive on 11/1 19 48

Immediate cause of death

Cerebral hemorrhage

DURATION

Due to

Hypertension

Due to

Other conditions

Fracture of left femur.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Oct. 1948Where did injury occur? Balto. Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

HomeMeans of Injury Fall 12/21/48 injured at work?23. SIGNATURE W. H. Hedrick M. D. or otherAddress 14 E. Egan St Date signed 11/1/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age in the correct age circle. It is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11143

44

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Approximately 10 hours  
 Hospital, institution, or street address where death occurred:  
VAH Fort Howard, Maryland  
 How long in hospital or institution? Approximately 10 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1634 Westwood Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name was WW I

## 3. (a) FULL NAME

GEORGE M. BROOKS

## 3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Widower1. Birth date of deceased (mo., day, yr.) 11-5-90

6. (c) If alive, give age ..... years

8. AGE: Years 58 Months 0 Days 0 It less than one day ..... hrs. .... min.

9. Birthplace Funkstown, Maryland  
 (Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business

12. Name George Brooks13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland

17. Burial Burial Date thereof 10/9/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Cavalry Cem.Location Aberdeen, Md.18. Funeral director George KelsonAddress Baltimore, Md.

19. Nov 8 19 48 A. W. French  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 19 48 at 10:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5 19 48 to November 5 19 48  
 and that I last saw him alive on November 5 19 48

Immediate cause of death  
INFARCTS OF INTESTINE

DURATION  
1 day

Due to Arteriosclerosis

unknown

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated Above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. B. French  
A. B. FRENCH, M.D.

M. D. or other

Address VAH, FT. HOWARD, MD. Date signed 11-6-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

## 1. PLACE OF DEATH:

County Balt.  
 City or town Sparrows Point  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County \_\_\_\_\_  
 City or town Sparrows Point  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 704 N. Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Rachel Brooks

## 3. (b) Social Security Number

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife John Brooks  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) April 1874  
 8. AGE: Years 74 Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore Co. Md.  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Albert Burnett

13. Birthplace Md.

14. Maiden name Hattie?

15. Birthplace Md.

16. Informant Nettie B. Jones

Address 704 N. Street

17. B. Date thereof 11-23-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Calvary

Location A. A. Co.

18. Funeral director Samuel W. Sullivan Jr.

Address 1011 N. Arlington Ave

19. Nov. 22 48 A. W. Pedrial  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1948 at 9:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to November 1948

and that I last saw him alive on November 19th 48

Immediate cause of death Diabetes Mellitus DURATION 6 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Mitral insufficiency, indefinite

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. Thomas M. Jones

Address Turner St. Md. Date signed 11/20/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 Days  
 Hospital, institution, or street address where death occurred:  
Vets. Adm. Hospital, F. Howard, Maryland  
 How long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 309 S. Fremont Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WW\_2 ✓

## 3. (a) FULL NAME

WILLIS C. BROOKS

## 3. (b) Social Security Number

237-28-2505

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single  
 B.(b) Name of husband or wife Single  
 B.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 1-30-20  
 8. AGE: Years 28 Months 10 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Woodsdale, N. C.  
 (Town, county, and state)  
 10. Usual occupation Laborer  
 11. Industry or business \_\_\_\_\_

12. Name Major Brooks  
 13. Birthplace North Carolina  
 14. Maiden name Virgie Bonnett  
 15. Birthplace North Carolina

16. Informant Clinical Records, Vets. Adm. Hosp.  
 Address Fort Howard, Md.

17. Burial Date thereof 11/21/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory \_\_\_\_\_  
 Location Woodsdale, N.C.

18. Funeral director Charles R. Law  
 Address 802 Madison Ave., Balto., Md.

19. 11/12 1948  
 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 8, 1948 to November 15, 1948  
 and that I last saw him alive on November 15, 1948

Immediate cause of death Rupture of aneurysm of spinal cord  
 DURATION Approx. 2 Wks.

Due to Unknown

Due to \_\_\_\_\_

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results Substantiated above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A.C. Manaugh

H.C. MANAUGH, M.D. Chief Prob. Ser.  
 Address VAH, Ft. Howard, Md. Date signed 11-16-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11146

Reg. Dist. No.

44

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 Day  
 Hospital, institution, or street address where death occurred:  
Vets. Adm. Hospital, Ft. Howard, Maryland  
 How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Carroll  
 City or town Westminister  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route # 4  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war SAW ✓

## 3. (a) FULL NAME

EDWARD H. BROWN

## 3. (b) Social Security Number

unknown

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
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6. (b) Name of husband or wife Grace Brown  
 6. (c) If alive, give age 67 years  
 7. Birth date of deceased (mo., day, yr.) 1-30-72  
 8. AGE: Years 76 Months 9 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1948, 11:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5, 1948 to November 6, 1948 and that I last saw him alive on November 6, 1948

Immediate cause of death Hypertensive and arteriosclerotic cardiovascular disease  
 DURATION 10 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Encephalopathy due to arterial hypertension & arteriosclerosis.  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A.B. French M. D. or otherAddress VAH, FORT HOWARD, MD. Date signed 11-6-48

9. Birthplace Baltimore County, Md.  
 (Town, county, and state)  
 10. Usual occupation Unemployed  
 11. Industry or business \_\_\_\_\_  
 12. Name George W. Brown  
 13. Birthplace Maryland  
 14. Maiden name Sarah Frederick  
 15. Birthplace Maryland  
 16. Informant Clinical Records, Vets. Adm. Hosp.  
 Address Fort Howard, Maryland  
 17. Burial Date thereof Nov. 9-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Westminster Cemetery  
Westminster, Md.  
 Location \_\_\_\_\_  
Harvey Bankard & Son  
 18. Funeral director Westminster, Md.  
 Address \_\_\_\_\_  
 19. Nov 9, 1948 Dawson L. Harbor  
 (Date rec'd by registrar) Registrar

RECEIVED  
NOV 11 1948  
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11147

44

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 Days  
 Hospital, institution, or street address where death occurred:  
Vets. Adm. Hospital, Ft. Howard, Maryland  
 How long in hospital or institution? 20 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll  
 City or town Westminister  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 12 Union Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name was WW-I ✓

## 3. (a) FULL NAME

THOMAS V. BRUCE

## 3. (b) Social Security Number

213-18-9064

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife Divorced  
 7. Birth date of deceased (mo., day, yr.) 10-11-1889  
 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 59 Months 0 Days 29 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
 (Town, county, and state)  
 10. Usual occupation Laborer  
 11. Industry or business \_\_\_\_\_  
 12. Name Alfred Bruce  
 13. Birthplace Maryland  
 14. Maiden name Ida Smith  
 15. Birthplace Maryland

16. Informant Clinical Records, Vets. Adm. H. sp.  
 Address Fort Howard, Maryland

17. Burial Date thereof Nov. 13, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cheworth Cemetery  
 Location Westminister, Md.

18. Funeral director H. Bankard & Sons  
 Address Westminister, Md.

19. Nov. 11 - 1948 Dawson L. Herbert  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1948 2:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 21, 1948 to November 10, 1948  
 and that I last saw him alive on November 10, 1948

Immediate cause of death FAILURE OF RIGHT SIDE OF HEART

DURATION

unknownDue to Pulmonary Emphysemaunknown

Due to \_\_\_\_\_

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE H. N. Kagan, M.D.

M. D. or other

Address VAH, Fort Howard, Md. Date signed 11/11/48

RECEIVED

NOV 15 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 9

11196

## 1. PLACE OF DEATH:

County Baltimore CountyCity or town Towson 4, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since March 13, 1948

Hospital, institution, or street address where death occurred:

Endowment Sanatorium, Towson 4, Md.How long in hospital or institution? Since March 13, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1634 McElroy St.

(If rural, give LOCATION)

2.(a) if veteran, name war

## 3. (a) FULL NAME

George Mac Bryant

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

October 23, 1902

6.(c) if alive, give age years

8. AGE:

46

Years

1

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant personal history- hospital recordsAddress Endowment Sanatorium, Towson 4, Md.17. BurialDate thereof Nov 30, 1948

(Burial, cremation, or removal. Which?)

Cemetery Baltimore Aged HomeLocation Towson, Balt. Co., Maryland

18. Funeral director

Address

19. 11/30

1948

Wm J. Chisholm

Registrar

## 3. (b) Social Security Number

534-18-0875

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1948 at 9:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 13, 1948 to November 27, 1948and that I last saw him alive on November 27, 1948

Immediate cause of death

Pulmonary tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. A. Bridges

M. D. or other

Address Towson 4, MarylandDate signed 11-27-48



RECEIVED

DEC 7 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11148

Reg. Dist. No. 31

1. PLACE OF DEATH: **BALTIMORE**  
 County **2639 Purnell Drive**  
 City or town **Woodlawn**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **5 years**  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Md** County **Baltimore**  
 City or town **Woodlawn**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **2639 Purnell Drive**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

### 3.(a) FULL NAME

**George O. Burgess**

### 3.(b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widower**

6.(b) Name of husband or wife **Gertrude G. Griffiths**

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) **Sept 12 1874**

8. AGE: Years **74** Months **2** Days **18** If less than one day hrs. min.

9. Birthplace **Elizabeth City N.C.**  
 (Town, county, and state)

10. Usual occupation **Retired**

11. Industry or business **Supt. Balto Bargain House**

12. Name **Wiley Burgess**

13. Birthplace **North Carolina**

14. Maiden name **Unknown**

15. Birthplace **North Carolina**

16. Informant **Ora B. Shipley**

Address **2639 Purnell Drive**

17. Burial Date thereof **December 3, 1948**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Woodlawn Cemetery**

Location **Woodlawn Md**

18. Funeral director **Harry H. Hymascock**

Address **4204 Ridgewood Ave**

19. Dec 1 1948 **W. W. Friedrich**  
 (Date rec'd by Registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **11/30/48** 19 **648 P.M.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **1938** 19 **11/30/48** to 19 **1938**

and that I last saw him alive on **11/30/48** 19 **1938**

Immediate cause of death **Acute Coronary Occlusion** 15 min.

DURATION **15 min.**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature **H. W. Harper** M.D. or other

Address **5201 Leverage Oak** Date signed **12/1/48**

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11149

Reg. Dist. No. 37

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Carmey  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street address, hospital, or institution 9505 Harford Road  
 Stay in hospital or inst. (yrs., or mos., or days)  
 Stay in this community (yrs., or mos., or days)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Baltimore  
 City or town Carmey  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street No. 9505 Harford Road  
 (If rural give LOCATION)  
 2(a) IF VETERAN, NAME WAR home

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Richard F. Casey  
 6(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) January 27, 1872  
 8. AGE: Years 76 Months 76 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)

10. Usual occupation House Work At Home

## 11. Industry or business

12. Name John Wright  
 13. Birthplace Baltimore, Ind.

14. Maiden name Unknown

15. Birthplace Baltimore, Ind.

16. Informant Mr. Henry B. Walters (Son)  
 Address 9505 Harford Road

17. Burial Date thereof Nov 10, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Baltimore Cemetery

Location Baltimore, Maryland

18. Funeral director Albert L. Wiltz Jr.

Address 1606 N. Chester Street

19. Nov 9 48 A. W. McQuinn  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6/48 19 48, at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 48, to 11/6/48 19 48, and that I last saw him alive on 11/6/48 19 48.

Immediate cause of death Myocarditis (Infection) DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. G. Geller M. D. or other \_\_\_\_\_

Address 5703 Harford Rd Date signed 11/8/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Be

528

11150

Reg. Dist. No. 37

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Cockeysville Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life weeks  
 Hospital, institution, or street address where death occurred:  
Masonic Home, Cockeysville Md  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Md County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 6501 Glen Oak Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Emma Jane Codd

## 3. (b) Social Security Number

213-03-4276 D.

4. Sex FEMALE 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife Thomas Codd  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Oct. 11 - 1875  
 8. AGE: Years 73 Months 8 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore Md  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Theodore T. Kistly  
 13. Birthplace Kyr Hills  
 14. Maiden name Roseella Anna  
 15. Birthplace Baltimore Md

16. Informant Laura M. Schroeder  
 Address Masonic Home, Cockeysville Md  
 17. Burial Date thereof Nov. 9 - 48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Woodlawn  
 Location Baltimore Md

18. Funeral director Wm. Cook  
 Address St. Paul & Preston St  
 19. Nov 8 - 19 48 L. M. Schroeder  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 19 48 at 10<sup>30</sup> A. M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 29 19 48 to Nov 6 19 48  
 and that I last saw him alive on Nov 6 19 48

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Carcinoma Bladder  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Walter T. Kees M.D. M. D. or other \_\_\_\_\_  
 Address Cockeysville Md Date signed Nov 6/48

RECEIVED

NOV 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

## 1. PLACE OF DEATH:

County Balto.City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
315 Ingleside Ave. (Catonsville Conval. Home)

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. CountyCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 4301 Penhurst Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

MARY E. COGGINS

## 3. (b) Social Security Number

no

## 4. Sex

female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

single

## 6. (b) Name of husband or wife

---

6. (c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

Nov. 3, 1859

## 8. AGE:

Years

89

## Months

0

## Days

2

## If less than one day

hrs.

min.

## 9. Birthplace

Baltimore, Md.

(Town, county, and state)

## 10. Usual occupation

Teacher - retired

## 11. Industry or business

## FATHER

## 12. Name

John W. Coggins

## 13. Birthplace

England

## MOTHER

## 14. Maiden name

Angeline ?

## 15. Birthplace

?

## 16. Informant

Mr. William Yearley

## Address

4301 Penhurst Ave.

## 17.

(Burial, cremation, or removal. Which?)

Burial

## Date thereof

11/8/48

(month) (day) (year)

## Cemetery or crematory

Loudon Park Cem.

## Location

Balto., Md.

## 18. Funeral director

WM. J. TICKNER &amp; SONS

## Address

Balto., Md.

## 19.

(Date rec'd by registrar)

19

48

Nov 8

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Nov 8

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48

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov. 5, 1948 at 4:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

period of 20 years  
and that I last saw h. alive on 10/14/48

Immediate cause of death

General high grade  
arterio-sclerosis &  
athero-sclerosis

## DURATION

10-15 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

3902  
Date signed 11/6/48



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **480** **111441**

**1. PLACE OF DEATH:**

(a) Baltimore City, Maryland **Sparrows Point**  
(b) Street address **7405 Bayside Road**  
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)  
(e) Length of stay in Baltimore (yrs., mos., or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Md.** (b) County  
(c) City or town **Sparrows Point**  
(If outside city or town limits, write RURAL and give town)  
(d) Street No. **7405 Bayside Road**  
(If rural give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**3 (a) FULL NAME**

**Violette M. Cote**

**3 (b) If veteran, name war**

**3 (c) Social Security Account No.**

**4. Sex** Female **5. Color or race** White **6 (a) Single, married, widowed, or divorced.** Married

**6 (b) Name of husband or wife** Charles Cote  
**6 (c) If alive, give age** years

**7. Birth date of deceased (mo., day, yr.)** May 10 1908

**8. AGE:** Years 40 Months Days If less than one day hr. min.

**9. Birthplace** Canton N.Y.  
(Town, county, and state)

**10. Usual Occupation**

**11. Industry or business** Housewife

**12. Name** Frank La Perre

**13. Birthplace** Canada

**14. Maiden Name** Jane La Moine

**15. Birthplace** England

**16 (a) Informant** Charles Cote

**(b) Address** 7405 Bayside Road

**17 (a) Burial, cremation, or removal** Burial **(b) Date thereof** Nov 8 1948  
(month) (day) (year)

**(c) Cemetery or crematory**

**Location** Canton New York

**18 (a) Funeral director** John G. Moran

**(b) Address** 3000 E. Baltimore St.

**19 (a) Mr. S. - 48 Dawson L. Harbor**  
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH** Nov 4 19 48 at 10<sup>30</sup> P.M.

**21. I certify that death occurred on the date above stated; that I attended deceased from** April 19 47 **to** Nov 4 19 48 **and that I last saw her alive on** Nov 4 19 48

**Immediate cause of death** Cardiac-respiratory failure  
**Duration** 2 days

**Due to** Generalized carcinomatosis **2 years**

**Due to** Carcinoma of cervix of uterus **2 years**

**Other Conditions**

**(Include pregnancy within 3 months of death)**

**Date of operation**

**Major findings of operation:**

**of autopsy:**

**22. If death was due to external causes, fill in the following:**

**(a) Accident, suicide, or homicide**

**(b) Date of occurrence** at M

**(c) Where did injury occur?** (City or town) (County) (State)

**(d) Did injury occur about home, on farm, industrial place, in public place?** While at work?

**(Specify type of place)**

**(e) Means of injury**

**23. Signature** Robert E. Farber M.D.

**Address** Sparrows Point, Md. **Date signed** 11-5-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 31

## 1. PLACE OF DEATH

County Paper Mill Road  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Clinton Wylie Cowley

4. Sex

Male

5. Color or race

White

6. (a) Single, married, or divorced

Married

6. (b) Name of husband or wife

Rose B. Brown

7. Birth date of deceased (mo., day, yr.)

Nov. 1, 1891

8. AGE:

Years

Months

Days

If less than one day

57

0

5

hrs.

min.

9. Birthplace

Hunting Lodge Baltimore Md

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Williamson Veneering Co

MOTHER FATHER

12. Name

William S. Cowley

13. Birthplace

Baltimore Co Md

14. Maiden name

Bettie B. Jessup

15. Birthplace

Baltimore Co, Md

16. Informant

Mr. Thomas B. Cowley

Address

Ruxton Rd Baltimore Md

17.

(Burial, cremation, or removal, which?)

Date thereof

Nov 9, 1948

(month) (day) (year)

Cemetery or crematory

Hewood Cemetery

Location

Cockeysville Baltimore Md

18. Funeral director

Chas W. Conklin

Address

924 E. Eager St

19.

(Date rec'd by registrar)

November 9 &amp; 8 A.W. Hedlund

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BaltimoreCity or town Phoenix

(If outside city or town limits, write RURAL and give nearest town)

Street No. Paper Mill Rd

(If rural, give LOCATION)

2. (a) If veteran, name war

World War I

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1948 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

None 1948 to 1948and that I last saw him live on 1948Immediate cause of death gun shot wound to headright parietal occipital region: entry bullet fromsuicide: tentative decision pending furtherDue to police investigation

DURATION

Accidental deathDue to 11/30/48

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Nov 6, 1948Where did injury occur? Phoenix Baltimore Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury 12 gauge shot gun Injured at work? No23. SIGNATURE Bollin B. Hudson MD. D.M.E.

M. D. or other

Address Towson 4 Md. Date signed 11/8/48

Additional inf. "accidental" from Dr. Hudson, D.M.E. letter  
dated 11/26/48. a.s.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

## 1. PLACE OF DEATH

County BaltimoreCity or town Dundalk, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

County Dunlap  
How long in hospital or institution? off Morris Lane.

## 3. (a) FULL NAME

King Crandell.

(KRANDELL)

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Cal.

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

May 5 - 1910

## 6. (c) If alive, give age

years

## 8. AGE:

Years

Months

Days

If less than one day

38

hrs.

min.

## 9. Birthplace

Washington D. C.

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

12. Name King Crandell (KRANDELL)13. Birthplace Washington D. C.14. Maiden name Lee Moore15. Birthplace Tarpor N. C.16. Informant Lassie EdwardsAddress 1505 E. Fayette St17. Burial Date thereof Nov. 20 - 48

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory mtz Calvary CLocation Brooklyn Md18. Funeral director Eloy O. WilsonAddress 1000 Brantley St19. Nov. 19 & 48 John B. Connely

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md CountyCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1505 E. Fayette St  
(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1948 at 9:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

DURATION

Asphyxiation by hangingDue to 1st, 2nd & 3rd BurnsDue to bronchitis & py.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/17/48Where did injury occur? Dundalk, Balt. Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury House burned Injured at work? at home23. SIGNATURE Wm. J. ... M.D.Address Baltimore, Md. Date signed 11/17/48

RECEIVED

DEC 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

11155

## 1. PLACE OF DEATH:

County..... Baltimore  
 City or town..... Mount Wilson  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 yr., 7 mos., 27 days  
 Hospital, institution, or street address where death occurred: Mt. Wilson  
Branch, Md. T. B. Sanatorium  
 How long in hospital or institution? 1 yr., 7 mos., 27 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County.....  
 City or town..... Baltimore City  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 341 S. Newkirk Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... ☒

## 3. (a) FULL NAME

Mr. Antonio Cristaldi

## 3. (b) Social Security Number

213-07-2483

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widower

## 6. (b) Name of husband or wife

Mary Cristaldi

## 7. Birth date of deceased (mo., day, yr.)

July 4, 1895 (Approximate year)

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

53

4

12

hrs.

min.

## 9. Birthplace

Italy

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

John Cristaldi

## 13. Birthplace

Italy

## 14. Maiden name

Mary ?

## 15. Birthplace

Italy

## 16. Informant

Antonio Cristaldi

## Address

341 S. Newkirk St., Balto., Md.

## 17.

Burial

Date thereof Nov. 19, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

St. Charles Cemetery

## Location

Pikesville, Maryland

## 18. Funeral director

Newell &amp; Sons

## Address

Pikesville, Maryland

## 19.

Nov. 16, 1948

1948

Nolan R. Meyer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 16, 1948 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 20, 1947 to Nov. 16, 1948

and that I last saw him alive on November 16, 1948

Immediate cause of death.....

Pulmonary Tuberculosis

## DURATION

4 yrs.

6 mos.

Due to Tubercle Bacilli

Due to.....

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations..... No operation

Date of op.....

Autopsy results.....

No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

Stewart S. Sheffer M.D.

M. D. or other

Address..... Mt. Wilson, Md.

Date signed..... 11/16/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 31

## 1. PLACE OF DEATH:

County BALTIMORECity or town HERNWOOD  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 65 yrs.

Hospital, institution, or street address where death occurred: \_\_\_\_\_

How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County BALTIMORECity or town HERNWOOD  
(If outside city or town limits, write RURAL and give nearest town)Street No. GRANITE ROAD  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

JAMES A. CROOKS

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

WIDOWER

6. (b) Name of husband or wife

Enza CrooksDECEASED7. Birth date of  
deceased (mo., day, yr.)Jan. 27 - 1857

8. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

91922

hrs.

min.

9. Birthplace

Carroll Co. Maryland  
(Town, county, and state)

10. Usual occupation

FARMER

11. Industry or business

FATHER

12. Name

NELSON CROOKS

13. Birthplace

CARROLL CO. MARYLAND

MOTHER

14. Maiden name

WILLIAMS

15. Birthplace

Unknown

16. Informant

CHARLES H. BITZER

Address

WESTMINSTER - ROUTE 6, MD.17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 22 - 48  
(month) (day) (year)

Cemetery or crematory

MT. OLIVE

Location

RANDALLSTOWN, MARYLAND

18. Funeral director

Frank H. Newell

Address

Pikesville, Maryland.19. 11/19/

(Date rec'd by registrar)

19. 48John E. Martin

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-18 19. 48, at 11:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 10 19. 48 to Nov 18 19. 48and that I last saw him alive on Nov 18 19. 48Immediate cause of death Arteriosclerosis  
cardio vascular disease DURATION 10 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

Hypertrophic arthritis  
generalized  
(Include pregnancy within 6 months of death)

Major findings of operations

None done

Autopsy results

None done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work? \_\_\_\_\_

23. SIGNATURE

Willard T. TrabantAddress 3400 Woodbine Ave. Balt. 7. Date signed 11/19/48



UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

DEC 6 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

## 1. PLACE OF DEATH:

County..... Baltimore  
 City or town..... Rural - Glencoe  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 2 1/2 years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Baltimore  
 City or town..... Rural - Glencoe  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Upper Glencoe Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

John Henry Crutchfield

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Lottie Virginia Crutchfield

7. Birth date of

deceased (mo., day, yr.)

April 30, 1883

6. (c) If alive, give age

49 years

8. AGE:

Years

Months

Days

If less than one day

65610

hrs.

min.

9. Birthplace

Chilhowie, Washington, Virginia  
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Andrew Lewis Crutchfield

13. Birthplace

Pennsylvania

MOTHER

14. Maiden name

Merry Woods

15. Birthplace

Virginia

16. Informant

Eugene Crutchfield

Address

Glencoe, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 12, 1948  
(month) (day) (year)

Cemetery or crematory

Gessops

Location

Spauls md.

18. Funeral director

London M. Brooks

Address

Spauls md.11-10- 48Wilmer C. Ensor

19.

(Date rec'd by registrar)

19

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 10, 1948 at 1:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 47, 1948 to November 8, 1948

and that I last saw him

alive on November 8, 1948

Immediate cause of death

Cerebral Vascular Accident

DURATION

3 days

Due to

Hypertension2 years

Due to

Arteriosclerosis2 1/2 years

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Walter T. Kees M.D.

M. D. or other

Address

Cockeysville, Md.

Date signed

10 Nov. 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 16 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 42

## 1. PLACE OF DEATH:

County BaltimoreCity or town Halethorpe Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

Hanna AveHow long in hospital or institution? ✓

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County BaltimoreCity or town Halethorpe Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. Hanna Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Myrtle L. Danner

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, or divorced

Married6.(b) Name of husband or wife John H.

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13<sup>th</sup> 1890

8. AGE:

Years

Months

Days

If less than one day

5879

hrs.

min.

9. Birthplace Asheville N. Carolina  
(Town, county, and state)10. Usual occupation House wife11. Industry or business at home12. Name J. William Howe13. Birthplace Asheville N. Carolina14. Maiden name Jane E. Doney15. Birthplace Asheville N. Carolina16. Informant Mr John H. Danner

Address

Hanna Ave (Halethorpe Md)17. Burial Date thereof 11/24/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Landon Park Cem.Location 3801 Frederick Ave18. Funeral director John J. Cowan & SonAddress 901-03 Hollins St.19. Nov 23 1948 A. W. Hedrick  
(Name of registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22<sup>nd</sup> 1948 at 11 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946, to Nov 22 1948and that I last saw her alive on Nov. 22 1948

Immediate cause of death

Terminal P (Hypostatic)

DURATION

1 wk.

Due to

Cardiac failure1 mo.

Due to

Generalized Carcinomatous1 year.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles Tommasello M.D.

M. D. or other

Address 900 W. Lombard St. Date signed Nov. 23-48

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

552

11158

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11159

30

### 1. PLACE OF DEATH:

County Baltimore  
City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months, 5 days  
Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution? 3 months, 5 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 629 Franklinton Road  
(If rural, give LOCATION)

2.(a) If veteran, name war None ✓

### 3. (a) FULL NAME

John E. Davis

### 3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Jennie Detell

7. Birth date of deceased (mo., day, yr.) August 30, 1868 6.(c) If alive, give age D years

8. AGE: Years 80 Months 2 Days 9 If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation Retired carpenter

11. Industry or business Carpentry

12. Name Richard Thomas Davis

13. Birthplace Maryland

14. Maiden name Jane L. Thompson

15. Birthplace Maryland

16. Informant Hospital records

Address Catonsville-28, Maryland

17. Burial II/II/48 Date thereof (month) (day) (year)

Cemetery or crematory Baltimore

Location E. North Avenue, Balto: Md.

18. Funeral director George J. Ruth, Inc.

Address 1735 Harford Avenue

19. Nov 10 48 a. w. Hedrick Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 19 48 at 4:00 p. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 3 19 48 to November 8 19 48 and that I last saw him alive on November 8 19 48

Immediate cause of death Pneumonia DURATION 1 week

Due to Bilateral upper fibro - caseous tuberculosis

Due to with cavitation hypertensive C.V.R. disease 2 cardiac decomp Generalized arteriosclerosis

Other conditions Generalized arteriosclerosis (Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Drain tube, w.o. Injured at work?

23. SIGNATURE Isadore Tuerk, M.D. M. D. or other

Address Catonsville-28, Md. Date signed 11-8-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

### 1. PLACE OF DEATH:

County Baltimore  
 City or town 129 Oakdale Ave Catonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 yrs  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Baltimore  
 City or town Catonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 118 Oakdale Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Louisa Snowden de Launay

### 3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Mar 13 1868

8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Lancaster Md.  
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Housewife

12. Name William Snowden

13. Birthplace Maryland

14. Maiden name Adelaide Waifield

15. Birthplace Maryland

16. Informant Mrs John H Hunt

Address 129 Oakdale Ave

17. Burial Date thereof 11/16/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester Rural

Location Chester Pa.

18. Funeral director Edna Mae Rath

Address Catonsville Md.

19. 11-15 1948 W E Harry  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1948 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 15 1940 to Nov. 13 1948

and that I last saw her alive on Nov. 13 1948

Immediate cause of death \_\_\_\_\_

Coronary Thrombosis 48 hrs.

Due to Coronary Vascular Renal Dis. 2 yrs

Due to Pneumonia (lobar) 48 hrs.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Mens of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Harry E. Bove Urban

Address 807 S. 1st Ave Urban

Date signed Nov 13 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

NOV 18 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

11161

CP  
195d

### 1. PLACE OF DEATH:

County Baltimore  
City or town Fort Howard  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 205 Days  
Hospital, institution, or street address where death occurred:  
Vets. Adm. Hospital, Ft. Howard, Md.  
How long in hospital or institution? 205 Days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Hampton  
City or town Hampton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1127 Bethel Avenue  
(If rural, give LOCATION)  
2.(a) If veteran, name war WW-2

### 3. (a) FULL NAME

JOHN R. DISMOND

### 3. (b) Social Security Number

226-10-5921

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Alice Dismond  
6. (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) 8-10-17  
8. AGE: Years 31 Months 2 Days 22 If less than one day hrs. min.

9. Birthplace Hampton, Virginia  
(Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER  
12. Name Charles H. Dismond  
13. Birthplace Hampton, Va.  
14. Maiden name Estelle Blue  
15. Birthplace Virginia

16. Informant Clinical Records, Vets. Adm. Hosp.  
Address Fort Howard, Maryland

17. Burial Date thereof 11/8/48  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Hampton, Va.  
Location Chas. R. Law

18. Funeral director Chas. R. Law  
Address 802 Madison Ave

19. 11/5 JS JS  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 2, 1948 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12, 1948 to November 2, 1948 and that I last saw him alive on November 2, 1948

Immediate cause of death ASPIRATION OF VOMITUS DURATION Sudden

Due to Sarcoid of Arachnoid 11 mos.

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated Above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.C. MANAUGH

H.C. MANAUGH, M.D. Chief Prob. Ser.

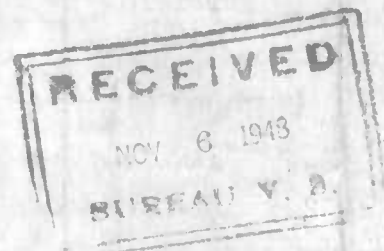
Address VAH Fort Howard, Md. Date signed 11-4-48

MARGIN RESERVED FOR BINDING

22 (I)

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 4X

11162

### 1. PLACE OF DEATH:

County Baltimore  
City or town Fort Howard, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 110 days  
Hospital, institution, or street address where death occurred:  
VAH, Fort Howard, Maryland  
How long in hospital or institution? 110 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County           
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2731 Calvert St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war WWI

### 3. (a) FULL NAME

THOMAS R. DIVER

3. (b) Social Security Number  
212-09-4034

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Lillian Diver  
6.(c) If alive, give age 52 years  
7. Birth date of deceased (mo., day, yr.) February 1, 1898  
8. AGE: Years 50 Months 9 Days 13 If less than one day          hrs.          min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 19 48 at 3:40P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27, 1948 to Nov. 14 19 48  
and that I last saw him alive on November 14 19 48

Immediate cause of death PROBABLE CORONARY OCCLUSION DURATION 1 day

Due to Hypertension 3 yrs.

Due to         

Other conditions Residuals of three cerebrovascular accidents. Myocardial infarction from previous coronary occlusion.  
(Include pregnancy within 3 months of death)

Major findings of operations          Date of op.         

Autopsy results None  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide          Date of           
Where did injury occur? (City or town)          (County)          (State)           
Injured at home, farm, industry, pub'c place (where?)           
Means of injury          Injured at work?         

23. SIGNATURE Paul O. Anderson  
PAUL O. ANDERSON, M.D. M. D. or other           
Address VAH, Fort Howard, Md. Date signed Nov. 14, 1948

9. Birthplace Baltimore, Maryland  
(Town, county, and state)  
10. Usual occupation Salesman  
11. Industry or business           
12. Name Charles Diver  
13. Birthplace Baltimore, Maryland  
14. Maiden name Margaret Kearney  
15. Birthplace Baltimore, Maryland  
16. Informant Clinical Records  
Address VAH, Fort Howard, Maryland  
17. Burial          Date thereof Nov. 17 - 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Parkwood Cemetery  
Location Taylor Ave. Baltimore, Md.  
18. Funeral director Charles Evans & Sons  
Address 118 W. Mt. Royal Ave. Baltimore, Md.  
19. 11/16 19 48 AW Hedrick  
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

## 1. PLACE OF DEATH:

Baltimore  
County.....  
City or town..... Parkville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

3009 DuBoise Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md County..... Baltimore  
City or town..... Parkville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3009 DuBoise Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war No

## 3. (a) FULL NAME

HELEN G. DURGIN

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife William H.  
6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1865

8. AGE: Years 83 Months 9 Days 22 It less than one day ..... hrs. .... min.

9. Birthplace Baltimore, Md.  
(Town, county, and state)  
Housewife

10. Usual occupation.....

11. Industry or business.....

12. Name Christian Rosenbrock

13. Birthplace Germany

14. Maiden name Ann G. (Unknown)

15. Birthplace Germany

16. Informant Louis E. Durgin  
Address 3009 DuBoise Ave., Parkville, Md.

17. Burial Date thereof 11/29/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Parkwood  
Location Parkville, Md.

18. Funeral director William Cook, Inc  
Address 1217 St. Paul St.

19. Mr. 27<sup>th</sup> 1948 Rd is  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26, 1948 19..... at 1:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.43 to 8/26 19.48  
and that I last saw her alive on 11/24 19.48

Immediate cause of death Cerebral Hemorrhage 2 WEEKS  
resulting in COMA and HEMIPLEGIA

Due to HYPERTENSION 5 years

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Harold GOTT MD per [Signature]  
6918 Harford Rd Date signed 11/24/48  
M. D. or other



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

11164

93d

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Catonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 28 years  
 Hospital, institution, or street address where death occurred:  
117 Smithwood Ave.  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Baltimore  
 City or town Catonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 117 Smithwood Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

Clarence Alvin Eney

## 3. (b) Social Security Number

220-221-6414

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed or divorced Married  
 6. (b) Name of husband or wife Laura Thomas Eney 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, year) Nov. 16, 1879  
 8. AGE: Years 68 Months 11 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
 (Town, county, and state)  
 10. Usual occupation Salesman  
 11. Industry or business \_\_\_\_\_  
 12. Name William Eney  
 13. Birthplace Maryland  
 14. Maiden name Isabell Tuttle  
 15. Birthplace Maryland

16. Informant Mrs. Laura T. Eney  
 Address 117 Smithwood Ave. Catonsville  
 17. Burial Date thereof Nov. 11, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet  
 Location Frederick Ave. Balt.  
 18. Funeral director Easton Sons  
 Address 608 Frederick Ave. Catonsville  
 19. 11-10 19 48 V.E. Harry  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8th, 1948 at 5:00 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 19 48 to Nov 8 19 48  
 and that I last saw him alive on 8 Nov 19 48  
 Immediate cause of death Cardiac dilatation & failure  
 Due to Arteriosclerotic cardiac vascular disease  
 Due to Arteriosclerosis generalized  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

## DURATION

12 hrs

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Stephen Lee Magness MD  
 M. D. or other \_\_\_\_\_  
 Address Catonsville, Md. Date signed 11-10-48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11165

Reg. Dist. No. 44

1. PLACE OF DEATH  
 County Balt.  
 City or town Spanish Point  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Type Mill  
 How long in hospital or institution? 20 service

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Md County Baltimore  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 675 N. Franklin St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Cal 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Married  
 7. Birth date of deceased (mo., day, yr.) Aug. 1910  
 8. AGE: Years 38 Months Days If less than one day  
 ..... hrs. .... min.

9. Birthplace Berkeville Va  
 (Town, county, and state)

10. Usual occupation Labon

## 11. Industry or business

12. Name Albert Epps  
 13. Birthplace Va  
 14. Maiden name Ada Jones  
 15. Birthplace Va

16. Informant Stewart Epps  
 Address 1913 Calister Ave

17. Burial Date thereof 11/28/48  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Lincoln  
 Location Washington D

18. Funeral director William A Jackson  
 Address 916 Penna Ave

19. 11/24 19. 48 A. W. Hedrick  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 19. 48 at 2:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... 19. .... to ..... 19. ....  
 and that I last saw him ..... alive on ..... 19. ....

Immediate cause of death Coronary Arteriosclerosis  
 Due to Myocarditis & Hypertension  
 Due to Latent Syphilis. Over 27 yrs.  
 Latent  
 Other conditions Latent

(Include pregnancy within 8 months of death)

Major findings of operations ..... Date of op. ....

Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) ..... (County) ..... (State) .....

Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work? .....

23. SIGNATURE W. Hedrick M.D.  
George Hedrick M. D. or other  
Baltimore, Md Date signed 11/22/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

11166

87d

## 1. PLACE OF DEATH:

County BaltimoreCity or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hood Convalescent Home

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County BaltimoreCity or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 5313 Edmondson Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Ann Eversman

## 3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FemaleWhiteWidowed6.(b) Name of husband or wife Edwin Jacob Eversman7. Birth date of deceased (mo., day, yr.) May 19, 1907 6.(c) If alive, give age years8. AGE: Years Months Days If less than one day  
41 5 29 hrs. min.9. Birthplace Missouri  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Lee Hanger13. Birthplace Missouri14. Maiden name Gertrude Ridgway15. Birthplace Missouri16. Informant Mrs. Harry HarrisonAddress Shelbina, Missouri17. Burial Date thereof Nov. 21, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Shelbina, Missouri18. Funeral director Charles LaunonAddress 4510 Liberty Heights Ave.19. 11-19 1948 VE. Harry  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1948 at 1:50 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 1946 to Nov 18 1948 and that I last saw her alive on Nov 18 1948Immediate cause of death Thrombophlebitis DURATION 5 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

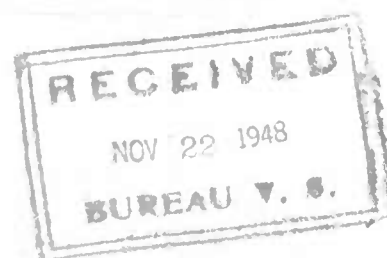
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Moore M. D. or otherAddress 715 Frederick Ave., Date signed 11/19  
Catonsville, Md.



RECEIVED

NOV 22 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

11167

462

### 1. PLACE OF DEATH:

County Baltimore  
City or town Cockeysville (Rural)  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Lifetime  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Baltimore  
City or town Cockeysville (Rural)  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

James Walter Fendley

### 3. (b) Social Security Number

4. Sex M. 5. Color or race W 6.(a) Single, married, widowed, or divorced  
6.(b) Name of husband or wife Mary Margaret (ne Stroh)  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) Apr. 28, 1873  
8. AGE: Years 75 Months 5 Days 24 If less than one day hrs. min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 19 48 at 4 A. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 19 47 to 11/22 19 48  
and that I last saw him alive on 11/21 19 48

Immediate cause of death Carcinoma - (intestinal) (RT. Iliac)

DURATION 1 yr.

9. Birthplace Balto. Co. Md.  
(Town, county, and state)  
10. Usual occupation Carpenter & Builder  
11. Industry or business  
12. Name James B. Fendley  
13. Birthplace Maryland  
14. Maiden name Mary Dorr  
15. Birthplace Maryland

Due to  
Due to  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

16. Informant Jos. B. Fendley  
Address Cockeysville, Md.  
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24, 1948  
(month) (day) (year)  
Cemetery or crematory Poplar  
Location Cockeysville, Md.  
18. Funeral director Sander M. Brooks  
Address Spauld, Md.  
11-22- 48 Wilmer C. Ensor  
19. (Date rec'd by registrar) 19 Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE Wilmer C. Ensor M.D.  
11/22/48 Cockeysville Md.  
Address Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. he correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 26 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11168

Reg. Dist. No. 35

## 1. PLACE OF DEATH:

County BALTIMORECity or town WHITE HALL  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County BALTIMORECity or town WHITE HALL  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

HERBERT PRICE FORD SA

## 3. (b) Social Security Number

216-10-1431

## 4. Sex

MALE

## 5. Color or race

WHITE

## 6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife CECECILIA FIEPLER6. (c) If alive, give age 42 years

## 7. Birth date of

deceased (mo., day, yr.)

DEC. 31 - 1890

## 8. AGE:

Years

Months

Days

It less than one day

571016

.....hrs.

.....min.

## 9. Birthplace

BALTIMORE CO.  
(Town, county, and state)

## 10. Usual occupation

ENGINEER, PAPER MILL

## 11. Industry or business

FATHER

MOTHER

12. Name WILLIAM FORD13. Birthplace Baltimore Co14. Maiden name GREGGIAN LOVETT15. Birthplace BALTIMORE CO MD

## 16. Informant

Address White Hall, Ind.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 30 - 1948  
(month) (day) (year)

Cemetery or crematory

Wesley Chapel

Location

Memphis RFD MD

## 18. Funeral director

Howard S. Markline

Address

White Hall, Ind.

## 19. Nor. 29

19. 48

(Date rec'd by registrar)

Mrs Howard S. Markline

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 27,48at 12:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1948

19. 48

to

Oct 23

19. 48

and that I last saw him alive on

Oct 16,

19. 48

Immediate cause of death

Coronary failure

DURATION

Due to

General debility

Due to

Cerebrum of Brain

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Cerebrum of Brain

Date of op.

Aug 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Samuel James Thomas Jr.

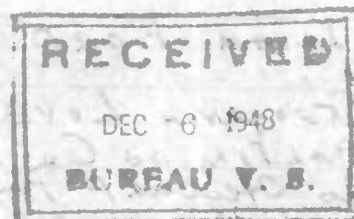
M. D. or other

Address

Jarrettville, Ind.

Date signed

Nov 29, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11169

Reg. Dist. No. 37

## 1. PLACE OF DEATH:

County BaltimoreCity or town Jessas  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James G. Ford

## 3. (b) Social Security Number

214-03-7668

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Bessie R. (McFadden)

7. Birth date of deceased (mo., day, yr.)

July 14, 18886. (c) If alive, give age 60 years

8. AGE:

Years

Months

Days

It less than one day

60327

hrs.

min.

9. Birthplace

Balto. Co., Md.

(Town, county, and state)

10. Usual occupation

Stone-mason

11. Industry or business

FATHER

12. Name

Wm. H. Ford

13. Birthplace

Balto. Co., Md.

14. Maiden name

Josephine Weaver

15. Birthplace

Balto. Co., Md.

16. Informant

Mr. J. G. Ford

Address

Jessas, Balto. Co., Md.17. Burial  
(Burial, cremation, or removal. Which?)Date thereof Nov. 14, 1948

(month) (day) (year)

Cemetery or crematory

Poplar

Location

Cockeysville, Md.

18. Funeral director

Danlon M. Burks

Address

Sparks, Md.19. Nov 13  
(Date rec'd by registrar)48 Wm. C. Evers  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Jessas  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war No.

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1948 at 11 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1948 to Nov 11 1948and that I last saw him alive on 11/11 1948Immediate cause of death Chronic hepatitis  
uremic coma 24 hrs.

DURATION

Due to Post Operations forDue to Gastric ulcer.Other conditions Abscess of lung.

(Include pregnancy within 3 months of death)

Major findings of operations Ulcer Gastric  
Pylorus left lung. Date of op. Aug. 1/48Autopsy results Sept. 1/48

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

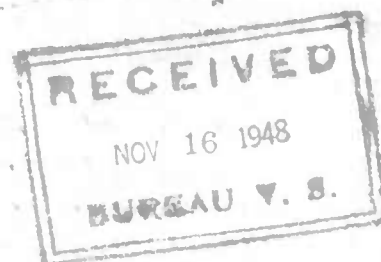
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Evers M.D.

M. D. or

Address Cockeysville Md Date signed 11/11/48



RECEIVED

NOV 16 1948

BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

131a

11170

4

## 1. PLACE OF DEATH:

County Baltimore Co.  
222 Maple AveCity or town Dundalk

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County BaltimoreCity or town Dundalk

(If outside city or town limits, write RURAL and give nearest town)

Street No. 222 Maple Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Rosa Fortino

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife xxx Pietro Fortino

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) April 1<sup>st</sup> 18928. AGE: Years 56 Months 7 Days 4 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Cosenza Italy  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Francesco Magna Falbo  
13. Birthplace Italy14. Maiden name Concezza De Luca  
15. Birthplace Italy16. Informant Pietro Fortino (Husband)Address 222 Maple Ave (Dundalk Md.)17. Burial Date thereof November 9 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St StanislausLocation Mt Carmel Rd. Dundalk Md.18. Funeral director Frank Della NoceAddress 322 S. High St.

19. (Date rec'd by registrar)

19.

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19.

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH November 5<sup>th</sup> 1948 at 7<sup>00</sup> P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Nov 5<sup>th</sup> 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

9 daysHypertensive CardioVascular Renal Disease10 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

M. D. or other  
Dundalk

Address

M. D. or other

Date signed 11/8/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH

County BaltimoreCity or town Baltimore 22  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

7505 Lange Rd. Baltimore City

How long in hospital or institution?

## 3. (a) FULL NAME

Charles Fretwell

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

Mattie Fretwell  
nee (Rock)

6. (c) If alive, give age ..... years

## 7. Birth date of deceased (mo., day, yr.)

May 16 - 1890

## 8. AGE:

Years

Months

Days

If less than one day

58526

hrs.

min.

## 9. Birthplace

va.

(Town, county, and state)

## 10. Usual occupation

Carpenter

## 11. Industry or business

Balto. Chevrolet Co.

## FATHER

## 12. Name

Unknown

## 13. Birthplace

## MOTHER

## 14. Maiden name

## 15. Birthplace

## 16. Informant

Ruby Lucille Fretwell

## Address

7505 Lange Rd.

## 17.

(Burial, cremation, or removal, Which?)

Date thereof

Nov. 16 - 48  
(month) (day) (year)

## Cemetery or crematory

mt. Carmel

## Location

O'Donnell St.

## 18. Funeral director

John G. Connolly

## Address

418 Eastern Ave. Epsom

## 19.

(Date rec'd by registrar)

Nov 15 - 48John G. Connolly

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Nov 12 48

at

M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

## Immediate cause of death

Coronary occlusion

Due to

acute arteriosclerosis

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

..... Date of op. ....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Wm. Connolly M.D.  
Baltimore, Md.  
John G. Connolly  
Baltimore, Md.

M. D. or other

Date signed 11/12/48



RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Anneslie  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 812 Register Ave.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore  
 City or town Rodgers Forge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 320 Dunkirk Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

SARAH G. GANSTER

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
 6. (b) Name of husband or wife Harry W. 1837  
 6. (c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) May 10, 1867  
 8. AGE: Years 81 Months 5 Days 24 If less than one day ..... hrs. .... min.

9. Birthplace Baltimore, Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business  
 12. Name John McGraw  
 13. Birthplace Ireland  
 14. Maiden name Anne E. Barry  
 15. Birthplace N.Y.

16. Informant Miss Genevieve Ganster  
 Address 320 Dunkirk Rd., Rodgers Forge  
 17. Burial Date thereof 11/6/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory New Cathedral  
 Location Baltimore, Md.  
 18. Funeral director William C. Jones  
 Address 1217 St Paul St  
 19. Nov 6, 1948 R. 45 A. W. Hedrich  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 19 48 at 4:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to Nov 4 19 48  
 and that I last saw her alive on November 4 19 48

Immediate cause of death Cerebral thrombosis, pe-  
current  
 Due to Arterio-sclerotic cardio-  
vascular disease  
 Due to .....  
 Other conditions Left hemiplegia  
 (Include pregnancy within 3 months of death)

## DURATION

12 hr1 yr?45 days

Major findings of operations ..... Date of op. ....  
 Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Frederick J. Volmer M. D. or other  
 Address 6100 York Road Date signed Nov 5, 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11173

Reg. Dist. No. 30

## 1. PLACE OF DEATH:

County BaltimoreCity or town Catonville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

111 Shadysbrook Court

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County BaltimoreCity or town Catonville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 111 Shadysbrook Court  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Annie Elizabeth Glendening

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Alfred Glendening7. Birth date of  
deceased (mo., day, yr.)May 16, 1870

8.(c) If alive, give age..... years

8. AGE:

Years

78

Months

6

Days

13

If less than one day

hrs.

min.

9. Birthplace

Baltimore  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

John F. Schmidt

13. Birthplace

Germany

MOTHER

14. Maiden name

Rose

15. Birthplace

Germany

16. Informant

George W. Glendening

Address

111 Shadysbrook Court

17.

(Burial, cremation, or removal. Which?)

Date thereof

12-2-48  
(month) (day) (year)

Cemetery or crematory

Wester

Location

Baltimore

18. Funeral director

George A. Farley

Address

Dreelick & Shadysbrook Ave.

19.

12-2

19.

48W.E. Harry

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29 19 48 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

FEB19 46to Nov. 2919 48and that I last saw h.e.r. alive on Nov. 28 19 48

Immediate cause of death

ARTERIO SCLEROTIC  
C.V.D.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

Georgina M.D.

M. D. or other

Address 3325 Potomac Ave. Date signed 12/1/48

RECEIVED

DEC 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11174

Reg. Dist. No. 44

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 63 Days  
 Hospital, institution, or street address where death occurred:  
Vets. Adm. Hospital, Ft. Howard, Md.  
 How long in hospital or institution? 63 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore  
 City or town Dundalk (22)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 41 Township Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WW-I

## 3. (a) FULL NAME

WILLIAM P. GOEMBEL

## 3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Edna R. Goembel  
 6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 8-9-96

8. AGE: Years 52 Months 3 Days 9 It less than one day hrs. min.

9. Birthplace Strawn, Ill.  
 (Town, county, and state)

10. Usual occupation Laborer (Disposal Plant)

11. Industry or business

12. Name John Goembel

13. Birthplace Ill.

14. Maiden name Laura Woolling

15. Birthplace Nebraska

16. Informant Clinical Records, Vets. Adm. Hosp.

Address Fort Howard, Md.

17. Burial Date thereof 11/22/48  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Baltimore National Cemetery  
Baltimore, Md.

Location

18. Funeral director Howard Blight

Address 6009 Harford Rd., Balto., Md.

19. Nov 19 19 48 A W Hedrick  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 18, 19 48 at 12:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 16, 19 48 to November 18, 19 48  
 and that I last saw him alive on November 18, 19 48

Immediate cause of death MYOCARDIAL FAILURE DURATION 2 days

Due to Old Infarct and Post-Operative Shock Unknown

Other conditions Resected Stomach 2 days

(Include pregnancy within 3 months of death)

Major findings of operations Partial ulcer

Autopsy results Substantiated Above  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE PR Puro M. D. or other

Address VAH Fort Howard, Md. Date signed 11-18-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11175

44

## 1. PLACE OF DEATH

County Balto.City or town Edgemere

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Blerns ave

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Balt.City or town Edgemere

(If outside city or town limits, write RURAL and give nearest town)

Street No. Blerns ave

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James Caswell Green

## 3. (b) Social Security Number

## 4. Sex

male white

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

single

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

July 31/1948

## 8. AGE:

Years

Months

Days

If less than one day

36

hrs.

min.

## 9. Birthplace

Balto.

(Town, county, and state)

## 10. Usual occupation

none

## 11. Industry or business

FATHER

## 12. Name

Wm. J. Green

## 13. Birthplace

Frytown Pa.

MOTHER

## 14. Maiden name

Zelda Moses

## 15. Birthplace

East Freedom Pa

## 16. Informant

Wm. J. Green

## Address

above

## 17. (Burial, cremation, or removal, Which?)

Burial

## Date thereof

Nov. 8, 1948

## Cemetery or crematory

First United Evang. Church Cem.

## Location

6115 O'Donnell St.

## 18. Funeral director

Roland L. Fisher

## Address

2112 Dundalk Ave.

## 19. (Date rec'd by registrar)

Nov 8 - 48Dawson Y. Harber

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1948 at 2:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him alive on 19.....

## Immediate cause of death

Inhalation of vomitus. Aspiration.

## DURATION

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

## Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

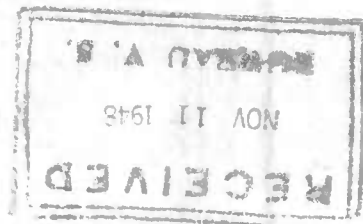
## Means of injury

Injured at work?

## 23. SIGNATURE

Wm. J. Harber Deputy Medical Examiner  
Address Balto. Co. Dundalk Date signed 9/6/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11176

Reg. Dist. No. 31

## 1. PLACE OF DEATH

County BaltimoreCity or town Branite  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Branite  
(If outside city or town limits, write RURAL and give nearest town)Street No. Summit Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Sarah Ellen Griffin

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widow

8. (b) Name of husband or wife

Geo. G. Griffin

7. Birth date of deceased (mo., day, yr.)

Oct 19, 1863

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

85017

hrs.

min.

9. Birthplace

Baltimore Md.  
(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

Theodore Richards

13. Birthplace

Moore Curraime

14. Maiden name

Winifred O'Halloran

15. Birthplace

Ireland

16. Informant

Mrs. Paul J. Griffin

Address

1624 P. Ulster St. Baltimore Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

11-10-48  
(month) (day) (year)

Cemetery or crematory

New Cathedral

Location

Baltimore Md.

18. Funeral director

J.C. Higginbotham

Address

Ellicott City Md.19. 11/6/48

(Date rec'd by registrar)

18. 48Wm. E. Martin  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 619 48

at

5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 619 48

to

Nov. 619 48

and that I last saw him alive on

Nov. 619 48

Immediate cause of death

Cardio Vascular Disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. E. Martin  
Baltimore

M. D. or other

Address

Date signed 11/6/48

RECEIVED

DEC 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The completed age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11177

43

<b>1. PLACE OF DEATH:</b> County..... <u>Balto.</u> City or town..... <u>Rumpler P.O. # Balto 6</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: <u>31 Leslie and</u> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Baltimore</u> City or town..... <u>Overlea</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>31 Leslie Avenue</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>Maurice Geo. Hayden.</u>				<b>3. (b) Social Security Number</b> <u>212-076-085</u>			
<b>4. Sex</b> <u>Male</u> <b>5. Color or race</b> <u>White</u> <b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u> <b>6. (b) Name of husband or wife</b> <u>Delma</u> <b>7. Birth date of deceased (mo., day, yr.)</b> <u>June 18/1893</u> <b>6. (c) If alive, give age</b> <u>48</u> years <b>8. AGE:</b> Years <u>55</u> Months <u>9</u> Days <u>1</u> less than one day hrs. min. <b>9. Birthplace</b> <u>Chambersburg Pa.</u> (Town, county, and state) <b>10. Usual occupation</b> <u>Pipe fitter.</u> <b>11. Industry or business</b> <u>Electric Co.</u>				<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> ..... <u>Nov 19 1948</u> at..... <u>2 AM</u> <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from..... <u>Nov 19 1948</u> ..... to..... and that I last saw him..... alive on..... <b>Immediate cause of death</b> ..... <u>Coronary occlusion</u> <b>Due to</b> ..... <b>Due to</b> ..... <b>Other conditions</b> ..... (Include pregnancy within 3 months of death) <b>Major findings of operations</b> ..... Date of op..... <b>Autopsy results</b> ..... <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b> <b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?..... <b>23. SIGNATURE</b> ..... <u>McLennan M.D.</u> <u>Deputy Medical Examiner</u> Address..... <u>Calhoun Dundall</u> Date signed..... <u>11/19/48</u>			
<b>12. Name</b> ..... <u>Samuel Hayden</u> <b>13. Birthplace</b> ..... <u>W. Va.</u> <b>14. Maiden name</b> ..... <u>Elizabeth Scheuring</u> <b>15. Birthplace</b> ..... <u>Pa.</u> <b>16. Informant</b> ..... <u>Mrs. Delma Hayden - widow</u> Address..... <u>31 Leslie Avenue - 6</u> <b>17. Burial</b> ..... Date thereof..... <u>11/22/48</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory..... <u>Baltimore Cemetery</u> Location..... <u>Baltimore, Maryland</u> <b>18. Funeral director</b> ..... <u>HENRY SANDER &amp; SONS, INC.</u> Address..... <u>NORTH AVE. &amp; BROADWAY</u> <b>19.</b> <u>Nov. 22 1948</u> <u>A.W. Hedrick</u> (Date rec'd by registrar) Registrar							

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

11178

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Catonsville 28, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 yrs. 8 mons. 0 das.  
 Hospital, institution, or street address where death occurred:  
Spring Grove State Hospital  
 How long in hospital or institution? 7 years, 8 mos., 0 das.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore  
 City or town Baltimore, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Last house 1526 N. Kent St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war ✓

## 3. (a) FULL NAME

ARNOLD HILE

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Marguerite Buchannon  
 6. (c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) July 3, 1899  
 8. AGE: Years 49 Months 4 Days 15 If less than one day hrs. min.

9. Birthplace Virginia  
 (Town, county, and state)  
 10. Usual occupation None  
 11. Industry or business None  
 12. Name Wm. P. Hile  
 13. Birthplace Virginia  
 14. Maiden name Lillian C. Knicley  
 15. Birthplace Virginia

16. Informant Hospital Records  
 Address Catonsville 28, Maryland

17. Burial Nov 20, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Monkton Methodist Church  
 Location Monkton Harford Co. Md.

18. Funeral director Elmer W. Conklin  
 Address 924 E. Eager St. Balto-2-Md

19. Nov. 19 48 A. W. Hedrich  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 18, 1948 at 5:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18, 1941 to November 18, 1948  
 and that I last saw him alive on November 18, 1948

Immediate cause of death Cardiac infarction  
 DURATION hours?

Due to Chronic rheumatic aortic heart disease with aortic regurgitation indefinite  
 Due to Embolus foci of various organs

Other conditions .....  
 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results as above  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work? .....

23. SIGNATURE Isadore Tuerk, M.D.  
Catonsville-28, Md. M. D. or other 11-18-48  
 Address ..... Date signed .....

Information as to former addressed secured from sister of deceased,  
Mrs. Hayward. 12/9/48. ams

*Mrs Hayward*  
Jan 5 194



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11179

Reg. Dist. No. 40

## 1. PLACE OF DEATH:

County BaltimoreCity or town Hotel Cliff near Towson  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County BaltimoreCity or town Hotel Cliff near Towson  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sr. Mary Gebharda Hochstetle

## 3. (b) Social Security Number

4. Sex Female 5. Color of race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 18688. AGE: Years 80 Months 1 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Germany  
(Town, county, and state)10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

FATHER 12. Name Federick Hochstetle13. Birthplace GermanyMOTHER 14. Maiden name Augusta Echerle15. Birthplace Germany16. Informant S. Mary ClarkAddress Hotel Cliff17. Burial Date thereof Nov. 26-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hotel CliffLocation near Towson18. Funeral director W. M. F. Smith & SonAddress 811 N. Charles St.19. Nov 25-48 19. \_\_\_\_\_  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 19 48, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 18 19 48 to Nov 24 19 48  
and that I last saw him alive on Nov 17 19 48Immediate cause of death Coronary occlusion

DURATION

6 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arterio sclerosis & hypertension7

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE John H. Green, M.D.

M. D. or other

Address \_\_\_\_\_ Date signed \_\_\_\_\_



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

11180

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Catonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State \_\_\_\_\_ County \_\_\_\_\_  
 City or town \_\_\_\_\_  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Susanna Theresa Holtzner

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October - 1 - 1883

8. AGE: Years 65 Months 1 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Carroll County - Md  
 (Town, county, and state)

10. Usual occupation Lab - Test.11. Industry or business Remson Dry Co -12. Name Benjamin Holtzner13. Birthplace Germany14. Maiden name Anna May Luerbeck15. Birthplace Maryland16. Informant Mrs. James B. HoltznerAddress 35 Bloom.bury Ave

17. Burial Date thereon 11-26-1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New CathedralLocation Baltimore Md18. Funeral director Edw. J. Mac NobleAddress Catonsville - 28 - Md.

19. 11-24 1948 V.E. Harry  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1948, at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug-5- 1945- to Nov-23- 1948-  
 and that I last saw her alive on Nov-22- 1948-

Immediate cause of death Carcinoma - Uterus - DURATION 3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma - Uteri. Date of op. 1945.

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE S. Lloyd Johnson M. D. or other \_\_\_\_\_

Address Catonsville Date signed 11/24/48

RECEIVED BY THE CHAIRMAN, STATE DEPARTMENT

RECEIVED BY THE CHAIRMAN, STATE DEPARTMENT

RECEIVED BY THE CHAIRMAN, STATE DEPARTMENT

RECEIVED

NOV 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I am correct. I am especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11181  
Reg. Dist. No. 30

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Catonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 days  
 Hospital, institution, or street address where death occurred:  
Spring Grove State Hospital  
 How long in hospital or institution? 6 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County.....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Opitz Nursing Home, Edmondson Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war 812 N. Patterson Pk. Del. ✓

## 3.(a) FULL NAME

Joseph A. Hubbel

## 3.(b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife Annie Donlevy  
 7. Birth date of deceased (mo., day, yr.) January 15, 1868  
 6.(c) If alive, give age..... years  
 8. AGE: Years 80 Months 10 Days 14 It less than one day..... hrs. .... min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation Retired lithographer  
 11. Industry or business Lithography  
 12. Name Augustus Hubbel  
 13. Birthplace Baltimore, Maryland  
 14. Maiden name Mary Bunce  
 15. Birthplace Baltimore, Maryland

16. Informant Hospital records  
 Address Catonsville-28, Maryland  
 17. Burial Date thereof 12-2-48  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Holy Redeemer  
 Location Bald  
 18. Funeral director E. J. Luck  
 Address 5305 Hanford Rd.  
 19. 11/30 19 48  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 19 48 at 7:45 a m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 23 19 48 to November 29 19 48  
 and that I last saw him alive on November 29 19 48

Immediate cause of death Terminal pneumonia DURATION 4 days

Due to Hypertensive arteriosclerotic  
cardiovascular-renal disease indefinite

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Isadore Tuerk, M.D.

23. SIGNATURE..... M. D. or other

Address Catonsville-28, Md. Date signed 11-29-48

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11182

Reg. Dist. No. 44

### 1. PLACE OF DEATH:

County Baltimore  
City or town Easey  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town \_\_\_\_\_  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7818 Eastern Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Mary A. Hughes

### 3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

female white widowed

6.(b) Name of husband or wife Thomas M.

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1869

8. AGE: Years Months Days If less than one day  
78 11 11 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Va.  
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name not known

13. Birthplace II II

14. Maiden name II II

15. Birthplace II II

16. Informant Moble Hughes

Address 7818 Eastern Ave

17. Burial Date thereof 12/4/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Lawn

Location 7225 Eastern Ave.

18. Funeral director Clarence F. Hoffmann

Address 1639 Broadway.

19. Dec 3 19 48 a w. Hedrick  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 20, 1948 to Nov. 29, 1948  
and that I last saw him alive on November 29, 1948

Immediate cause of death Hypostatic pneumonia

DURATION 5 days

Due to Generalized weakness

Due to Old age

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Maxwell H. Mund  
M. D. or other

Address 417 1/2 Eastern Ave Date signed 12-1-48

MARGIN RESERVED FOR BINDING

VS A15-9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PA. Mand  
417 to Eastern Ave

3-11-19

1/2

1/2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH  
 County Bald  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 yrs  
 Hospital, institution, or street address where death occurred:  
Campbell Rd  
 How long in hospital or institution? 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State md County Bald  
 City or town Chester  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Campbell Rd  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME Bessie Valara Hunsucker 3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1889 6. (c) If alive, give age years

8. AGE: Years 59 Months 02 Days 15 If less than one day hrs min.

9. Birthplace Conover N.C.  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John F.

13. Birthplace Coatesville Co N.C.

14. Maiden name Mary Puller

15. Birthplace Seely Co. N.C. Tenn

16. Informant Mrs. J. K. Kunkin

Address Campbell Rd

17. (Burial, cremation, or removal, Which?) Burial Date thereof (month) (day) (year) Nov. 11, 1948

Cemetery or crematorium St. Mary's Church

Location Conover N.C.

18. Funeral director L. Hee Mann & Son

Address 6067 Hartford Rd

19. 11-1-48 Registrar E. E. Michael

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11, 1948 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10, 1948 to Nov. 11, 1948 and that I last saw him alive on Oct. 23, 1948.

Immediate cause of death  
1. Primary carcinoma of uterus

## DURATION

8 months

Due to

Due to

Other conditions - Chronic Bronchitis - 2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations - Carcinoma of uterus Date of op. 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Paul L. Chambers M. D. or other

Address 4108 Liberty St Date signed 11/1/48

RECEIVED  
NOV 3 1948  
BUREAU V. S.

From Ex. Ho.  
Answer. H. C.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11184

Reg. Dist. No. 41

1. PLACE OF DEATH: *Baltimore, Dundalk*  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
*70 Dundalk Ave.*  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State *md.* County *Baltimore*  
City or town *Dundalk*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. *70 Dundalk Ave.*  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

*Andrew Imoley*

### 3. (b) Social Security Number

4. Sex *M.* 5. Color or race *W.* 6.(a) Single, married, widowed, or divorced *M*

6.(b) Name of husband or wife *Edna R. Imoley*  
6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) *January 11, 1906*

8. AGE: Years *42* Months *9* Days *22* If less than one day  
..... hrs. .... min.

9. Birthplace *Baltimore, Md.*  
(Town, county, and state)

10. Usual occupation *Retired*

11. Industry or business

12. Name *John Imoley*

13. Birthplace *Md.*

14. Maiden name *Helen Mehan*

15. Birthplace *Md.*

16. Informant *Mrs. Edna R. Imoley*

Address *70 Dundalk Ave., Dundalk, Md.*

17. *Burial* Date thereof *Nov. 5, 1948*  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory *Holy Redeemer*

Location *Belair Road*

18. Funeral director *Roland L. Fisher*

Address *2112 Dundalk Ave.*

19. *Nov 4* 19 *48*  
(Date rec'd by registrar) *A. W. Hedrick* Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov. 2* 19 *48* at *2:00 P.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
..... 19..... to..... 19.....  
and that I last saw h..... alive on..... 19.....

Immediate cause of death *Coronary Occlusion*

#### DURATION

Due to.....

Due to.....

Other conditions *Pulmonary Tuberculosis*

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE *M. B. Davis* M.D.  
*Deputy Health Officer - Baltimore*

Address *Dundalk-22-* Date signed *11/3/48*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 194 days  
 Hospital, institution, or street address where death occurred:  
V.A. H., Fort Howard, Maryland  
 How long in hospital or institution? 194 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 230 N. Luzerne Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war World War I ✓

## 3. (a) FULL NAME

WILLIAM JENDRAS

(JENDRAS KIEWICZ)

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Mary Jendras  
 6. (c) If alive, give age 43 years  
 7. Birth date of deceased (mo., day, yr.) February 9, 1895  
 8. AGE: Years 53 Months 9 Days 4 If less than one day  
 hrs. min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation Moulder  
 11. Industry or business Washington Navy Yard  
 12. Name Fank Jendrasiewicz  
 13. Birthplace Poland  
 14. Maiden name Susie ?  
 15. Birthplace Poland

16. Informant Clinical Records, Vets. Adm. Hosp.  
 Address Fort Howard, Maryland  
 17. Burial Date thereof Nov-17-1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Stanislaus Cemetery  
Mt. Crml. Rd.  
 Location  
 18. Funeral director Wm. Fialkowski  
 Address 2007 Eastern Ave.  
 19. 11-15-48 Att. Hedrich  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 13, 1948 at 11:35pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 3, 1948 to Nov. 13, 1948  
 and that I last saw him alive on November 13, 1948

Immediate cause of death  
CIRRHOSIS, LIVER

DURATION  
1 year

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Date of .....

Where did injury occur? .....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE Paul O. Anderson, M.D.

M. D. or other

Address V.A. H. Fort Howard, Md. Date signed 11/14/48

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 31

### 1. PLACE OF DEATH:

County Balto  
City or town Woodlawn  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 yrs  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Balto  
City or town Rural Woodlawn  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 5409 Boutton Ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Catherine V. Joachims

### 3. (b) Social Security Number

NO

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Charles W. Joachims

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1882

8. AGE: Years 66 Months 8 Days 26 If less than one day hrs. min.

9. Birthplace Balto Md  
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name Thomas O'Boomer

13. Birthplace Md

14. Maiden name Catherine Murphy

15. Birthplace Md

16. Informant Mrs Catherine Walker

Address 5409 Boutton Ave

17. Rural Date thereof Nov. 5, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lorraine

Location Balto Co

18. Funeral director A. Bayard Evans

Address 1100 S Charles St

19. 11-3-48 Registrar [Signature]  
(Date rec'd by Registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1, 1948 at 1200 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1948 to November 1, 1948 and that I last saw him alive on November 1, 1948

Immediate cause of death

Central Hemorrhage & Right Hemiplegia

Due to Generalized Arteriosclerosis

Due to Arterio Sclerotic

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Leon Ashman M.D.

M. D. or other

Address 1201 Poplar Ave St Date signed 11/2/48

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

50

11187

Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County Balto.

City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For infants give residence of mother)

State Md. County Balto.

City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 199 Winters Ave.  
(If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (a) FULL NAME

Minnie Jones.

### 3. (b) Social Security Number

#### 4. Sex

Female

#### 5. Color or race

Cot.

#### 6. (a) Single, married, widowed, or divorced

Married

#### 6. (b) Name of husband or wife

Robert Jones

#### 7. Birth date of deceased (mo., day, yr.)

April - 1880

#### 6. (c) If alive, give age years

#### 8. AGE:

68

Years

Months

Days

If less than one day

hrs.

min.

#### 9. Birthplace

Carroll Co. Md.  
(Town, county, and state)

#### 10. Usual occupation

Housewife

#### 11. Industry or business

#### FATHER

#### 12. Name

George Squirrel

#### 13. Birthplace

Carroll Co. Md.

#### MOTHER

#### 14. Maiden name

Catherine Dorsey

#### 15. Birthplace

Carroll Co. Md.

#### 16. Informant

Robert Jones

#### Address

199 Winters Ave

#### 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Nov. 30/1948  
(month) (day) (year)

#### Cemetery or crematory

Balto. National Cem.

#### Location

#### 18. Funeral director

Mrs. Katie R. Williams

#### Address

322 N. Schroeder St

#### 19. Date rec'd by registrar

Nov - 29 19 48

R. W. Hedrich

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 4 19 48 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 - 19 48 to Nov 25 48 and that I last saw him alive on Nov 25 19 48

#### Immediate cause of death

Carcinoma of left Breast.

#### DURATION

?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

#### Major findings of operations

Date of op.

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

#### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature C. F. Maloney M.D.

Address Catonville - Md. Date signed 11/25/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 41

11188

1700

### 1. PLACE OF DEATH:

County Baltimore  
City or town Dundalk  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
3416 Louth Road  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)  
State Md. County Baltimore  
City or town Dundalk  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3416 Louth Road  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Carl Lee Kendrick Jr.

### 3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced S.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 18, 1946 6. (c) If alive, give age years

8. AGE: Years 2 Months 4 Days 20 If less than one day hrs. min.

9. Birthplace Baltimore, Md.  
(Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Carl Lee Kendrick

13. Birthplace Baltimore, Md.

14. Maiden name Elizabeth P. Duwall

15. Birthplace Annapolis, Md.

16. Informant Mrs. Macey A. Kendrick

Address 2504 Lauretta Ave., Balto, Md.

17. Burial Date thereof Nov. 12, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Meadowridge Memorial

Location Laurel, Maryland

18. Funeral director Roland L. Fisher

Address 2112 Dundalk Ave.

19. Nov. 10 19 48 William M. Kelly Jr.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 8<sup>th</sup> 1948 at 3<sup>20</sup> P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death Compound Fracture

of R. humerus

Due to Car run by Car truck

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 10/8/48

Accident, suicide, or homicide Accident Date of

Where did injury occur? Dundalk - Balto - Md. (City or town) (State)

Injured at home, farm, industry, public place (where?) Street

Manner of death Car run by truck Injured at work? no

23. SIGNATURE W. P. Adams M.D.

W.P. Adams, M.D. Address Dundalk - V.M. Date signed 11/9/48

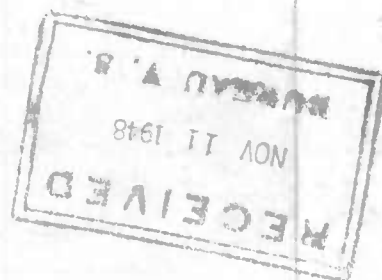
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS AIB T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11189

Reg. Dist. No. 38

### 1. PLACE OF DEATH:

County Balto  
City or town Parkville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Parkville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2314 Ellen  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

John P C Klebe

### 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife Dorothy Klebe

7. Birth date of deceased (mo., day, yr.) Jan 19 1865 6.(c) If alive, give age 83 years

8. AGE: Years 83 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Phil  
(Town, county, and state)

10. Usual occupation Letter Carrier

11. Industry or business Retired

12. Name John Klebe

13. Birthplace Pa

14. Maiden name Mrs. Elizabeth Brock

15. Birthplace Hessia, Germany

18. Informant Robert L Klebe

Address 2314 Ellen St

17. Burial Date thereof Nov 29/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Parkwood Cem

Location Balto Co Md

18. Funeral director Wells Funeral Home

Address 2008 Orleans St

19. 11/29/48 Registrar K  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26, 1948 at 400 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1948 to Nov 26, 1948 and that I last saw him alive on Nov 26, 1948

Immediate cause of death Myocardial Failure

### DURATION

Due to arteriosclerosis  
cardio-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Kathryn Janner M. D. or other

Address 7101 Harford Rd. Date signed 11/26/48

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15M

VS/A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

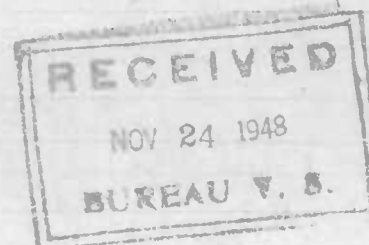
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

11190

<b>1. PLACE OF DEATH:</b> County..... <u>Balto</u> City or town..... <u>Essex</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: <u>218 S. Maryland Ave</u> How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Md.</u> County..... <u>Balto</u> City or town..... <u>Essex</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>431 Maryland Ave</u> (If rural, give LOCATION) 2(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>Elizabeth R. Kouba</u>				<b>3. (b) Social Security Number</b>			
<b>4. Sex</b> <u>F</u>		<b>5. Color or race</b> <u>W.</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Widow</u>			
<b>6. (b) Name of husband or wife</b> <u>Vincent Kouba</u>				<b>6. (c) If alive, give age</b> ..... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Sept. 15 - 1869</u>				<b>8. AGE:</b> Years <u>79</u> Months <u>2</u> Days <u>4</u> If less than one day..... hrs. .... min.			
<b>9. Birthplace</b> <u>Balto, Md.</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Housewife</u>			
<b>11. Industry or business</b> <u>at home</u>				<b>12. Name</b> <u>Henry Atz</u>			
<b>13. Birthplace</b> <u>Germany</u>				<b>14. Maiden name</b> <u>Anna ?</u>			
<b>15. Birthplace</b> <u>Germany</u>				<b>16. Informant</b> <u>Mrs. John Kouba</u> Address <u>622 Maryland Ave.</u>			
<b>17. (Burial, cremation, or removal. Which?)</b> <u>Burial</u> Date thereof <u>Nov. 23 - 1948</u> (month) (day) (year) Cemetery or crematory <u>Holy Redeemer</u> Location <u>Belair, Md.</u>				<b>18. Funeral director</b> <u>John S. Connolly</u> Address <u>418 Eastern Ave.</u>			
<b>19. (Date rec'd by registrar)</b> <u>Nov. 22 48</u>				<b>20. Registrar</b> <u>John S. Connolly</u>			
<b>MEDICAL CERTIFICATION</b>							
<b>20. DATE OF DEATH</b> <u>November 19 1948</u> at <u>9:40 P. M.</u>							
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>July 15th 1948</u> to <u>Nov. 19 1948</u>							
<b>and that I last saw him</b> <u>Nov. 19</u> <b>alive on</b> <u>Nov. 19</u>							
<b>Immediate cause of death</b> <u>Chronic obstructive cardio-vascular disease</u>							
<b>Due to</b> <u>Coronary artery disease</u>							
<b>Due to</b> .....							
<b>Other conditions</b> .....							
(Include pregnancy within 3 months of death)							
<b>Major findings of operations</b> <u>no</u>							
<b>Autopsy results</b> <u>no</u>							
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>							
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>							
<b>Accident, suicide, or homicide</b> ..... <b>Date of</b> .....							
<b>Where did injury occur?</b> (City or town) (County) (State)							
<b>Injured at home, farm, industry, public place (where?)</b> .....							
<b>Means of injury</b> ..... <b>Injured at work?</b> .....							
<b>23. SIGNATURE</b> <u>James H. White M.D.</u> <b>M. D. or other</b>							
<b>Address</b> <u>422 Eastern Ave</u> <b>Date signed</b> <u>11/24/48</u>							





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 29 days  
 Hospital, institution, or street address where death occurred:  
Veterans Administration Hospital  
 How long in hospital or institution? 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 416 S. Madeira Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WW ✓

## 3. (a) FULL NAME

ANTHONY A. LAMPARSKI

## 3. (b) Social Security Number

Unknown

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Barbara Lamparski  
 6. (c) If alive, give age 53 years  
 7. Birth date of deceased (mo., day, yr.) January 17, 1892  
 8. AGE: Years 56 Months 9 Days 24  
 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1948 at 1:45 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 13 1948 to November 10 1948  
 and that I last saw him alive on November 10 1948  
 Immediate cause of death CARCINOMA OF DEFT  
ADRENAL WITH METASTASIS  
 DURATION Unknown  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions None  
 (Include pregnancy within 8 months of death)  
 Major findings of operations \_\_\_\_\_  
 \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results Substantiated Above  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace Baltimore, Md.  
 (Town, county, and state)  
 10. Usual occupation Mtn. Mechanic  
 11. Industry or business \_\_\_\_\_  
 12. Name John Lamparski  
 13. Birthplace Germany  
 14. Maiden name Caroline ?  
 15. Birthplace Germany  
 16. Informant Clinical Records, Vet. Adm. Hosp.  
 Address Fort Howard, Md.  
 17. Burial Date thereof Nov. 13, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
Oak Lawn Cemetery  
 Cemetery or crematory \_\_\_\_\_  
 Location Eastern Ave. Extended  
 18. Funeral director Lilly & Zeiler  
 Address 1901 Eastern Ave. Balto. Md.  
 19. 11-11 1948 Nov 13 1948  
 (Date rec'd by registrar) Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE Chas. Nathan J. [unclear]  
 M. D. or other \_\_\_\_\_  
 Address VAH Fort Howard, Md. Date signed 11-10-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11192

## 1. PLACE OF DEATH:

County Balto.City or town Essex  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Eva Leona La Pole

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Frank La Pole

7. Birth date of deceased (mo., day, yr.)

Sept. 9 - 18916. (c) If alive, give age 50 years

8. AGE:

Years

Months

Days

If less than one day

5722

hrs.

min.

9. Birthplace

md.

(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

FATHER

12. Name

David Klean

13. Birthplace

md.

MOTHER

14. Maiden name

Nellie M. Knight

15. Birthplace

md.

16. Informant

Frank La Pole

Address

800 Eastern Ave. Essex

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Nov. 15 - 48  
(month) (day) (year)

Cemetery or crematory

St. Pauls

Location

Point of Rocks, Md.

18. Funeral director

John G. Connolly

Address

418 Eastern Ave. Essex

19.

(Date rec'd by registrar)

Nov 15 - 48John G. Connolly

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

md.

County

Balto.

City or town

Essex

(If outside city or town limits, write RURAL and give nearest town)

Street No.

800 Eastern Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 11

19

48

at

9 P.

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1

19

48

to

Nov 11

19

48

and that I last saw him alive on

Nov 11

19

48

Immediate cause of death

Terminal Bronchial  
Pneumonia

DURATION

3 days

Due to

arterio-sclerotic  
cardio-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Geo M. Baumgardner

M. D. or other

Address

Balto 6

Date signed

11-13-48

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County BaltimoreCity or town Reisterstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

St. Clement HospitalHow long in hospital or institution? Since October 19, 1948

## 3. (a) FULL NAME

Edward Lee

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore CityCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1836 Harlem Ave

(If rural, give LOCATION)

2. (a) If veteran, name war .....

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Chinese

## 6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife Single

## 7. Birth date of

deceased (mo., day, yr.)

October 19, 1931

6. (c) If alive, give age ..... years

## 8. AGE:

Years 17Months —Days 14

If less than one day

hrs.

min.

## 9. Birthplace

Baltimore, Ind.

(Town, county, and state)

## 10. Usual occupation

Student

## 11. Industry or business

FATHER

## 12. Name

Quong Lee

## 13. Birthplace

California

## 14. Maiden name

Rose Yet

## 15. Birthplace

Baltimore, Ind.

## 16. Informant

Bessie Lee (sister)

## Address

1836 Harlem Ave. Balt. Ind.

## 17.

Burial

Date thereof

Nov-6-1948  
(month) (day) (year)

## Cemetery or crematory

Lorraine

## Location

Woodlawn, Maryland

## 18. Funeral director

Stewart & Mowen Company

## Address

108 W. North Ave., Baltimore #1

## 19.

11/5

19.

48St. W. Hedrick

Registrar

(Date read by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 19 48 at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 19 19 48 to Nov. 3 19 48  
and that I last saw him alive on Nov 3 19 48

Immediate cause of death

Myocardial Collapse

DURATION

Due to

Pulmonary Tuberculosis3 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. R. Rudner M.D.

M. D. or other

Address Reisterstown, Ind.Date signed Nov 3, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH *Bc*  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH *1860*

11194

Reg. Dist. No. *30*

## 1. PLACE OF DEATH:

County Baltimore  
City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 years, 10 months, 7 days  
Hospital, institution, or street address where death occurred:  
Spring Grove State Hospital  
How long in hospital or institution? 2 years, 10 months, 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3520 Hilton Street  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Josepha Liebe

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
6. (b) Name of husband or wife Max Lieb  
7. Birth date of deceased (mo., day, yr.) July 1866  
8. AGE: Years 82 Months 4 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Hungary  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business Home  
12. Name Rennert?  
13. Birthplace Hungary  
14. Maiden name ?  
15. Birthplace Hungary

16. Informant Hospital records  
Address Catonsville-28, Maryland  
17. Burial Date thereof Nov. 24, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Holy Cross Cem.  
Location Catonsville, Md.  
18. Funeral director Chas. F. Mill  
Address 1501 E. Fort Ave.  
19. Nov. 23 48 A. W. Hedrick  
(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 19 48 at 10:55a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death

Terminal Broncho  
pneumonia  
Due to \_\_\_\_\_  
Due to fracture right femur  
Other conditions accident  
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide accident Date of Nov. 5, 48  
Where did injury occur? Catonsville Baltimore Md.  
(City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) Hospital  
Means of injury fall on the floor Injured at work? no  
23. SIGNATURE Geo. S. McKee M. D. or other \_\_\_\_\_  
Address 1010 Leeds Ave. Date signed Nov 22, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

11195

30

## 1. PLACE OF DEATH:

County BaltimoreCity or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

18 Sanford Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County .....City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 18 Sanford Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Eliza England Lynch

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife late Wilson N. Lynch

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 17, 18728. AGE: Years 76 Months 7 Days 20 If less than one day ..... hrs. .... min.9. Birthplace Balto. Md.  
(Town, county, and state)  
H. W.

10. Usual occupation .....

11. Industry or business .....

12. Name Wm. G. England13. Birthplace Md.14. Maiden name Susan Drury15. Birthplace Md.16. Informant Mrs. HawkinsAddress 18 Sanford Ave.17. Burial Date thereof Nov. 10/48.  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory London Pk.Location 3801 Frederick Ave.18. Funeral director Harry H. WitzkeAddress 4101 Edmondson Ave.19. Nov 10 48 A.W. Hoffman  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7/48. 19..... at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 18. 1928 to Nov. 7, 1948.and that I last saw her alive on Nov. 6, 1948 19.....Immediate cause of death Subacute Nephritis. ( Since DURATION Oct. 25,  
Myocarditis. 1948Due to Arterio-Sclerosis 5 yearsMyocarditis. 5.

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury J. Lloyd Johnson Injured at work?23. SIGNATURE J. Lloyd Johnson M. D. or otherAddress Catonsville Date signed 11/9/48



Evidence for change of  
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 110 NOV 24 1948

CERTIFICATE OF DEATH

11197  
Reg. Dist. No. 41

1. PLACE OF DEATH:

County... *Baltimore*  
City or town... *Dundalk*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

*3026 Dundalk Road*

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *md.* County... *Baltimore*

City or town... *Dundalk*  
(If outside city or town limits, write RURAL and give nearest town)

Street No. *3026 Dundalk Road*  
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

*John Maly*

3. (b) Social Security Number

4. Sex

*m.*

5. Color or race

*w*

6. (a) Single, married, widowed, or divorced

*m.*

6. (b) Name of husband or wife

*Josephine Maly*

7. Birth date of  
deceased (mo., day, yr.)

*December 15, 1885*

8. AGE:

Years

Months

Days

If less than one day

*62*

*10*

*21*

hrs.

min.

9. Birthplace

*Czechoslovakia*  
(Town, county, and state)

10. Usual occupation

*Plant Furnace-Turn Foreman*

11. Industry or business

*Bethlehem Steel Co.*

MOTHER FATHER

12. Name

*August Maly*

13. Birthplace

*Czechoslovakia*

14. Maiden name

*Mary*

15. Birthplace

16. Informant

*John S. Maly*

Address

*3024 Liberty Pky., Dundalk.*

17.

(Burial, cremation, or removal. Why?)

Date thereof

*Nov 11, 1948*  
(month) (day) (year)

Cemetery or crematory

*Holy Redeemer*

Location

*Belair Road*

18. Funeral director

*Roland L. Fisher*

Address

*2112 Dundalk Ave.*

19.

*Nov. 10, 1948*

*William M. Kelly Jr.*  
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... *7 Nov.* 19*48*, at *1:30 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*July* 19*47*, to *Nov.* 19*48*

and that I last saw him alive on *5 November* 19*48*

Immediate cause of death

*Carcinoma of Ampulla  
of Vater*

DURATION

*6 mos.*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*Dr. David*

M. D. or other

Address

*8 Liberty Pky*

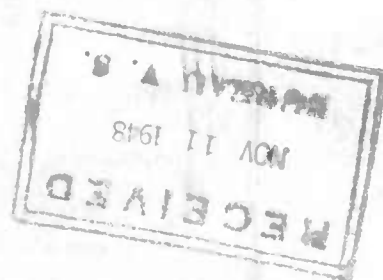
Date signed *9 Nov 48*

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11192 30

### 1. PLACE OF DEATH:

County Baltimore  
City or town 312 Ingleside Ave. (catonsville)  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Baltimore  
City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 312 Ingleside Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3.(a) FULL NAME

Cora R. Manley

### 3.(b) Social Security Number

NO

4. Sex F M 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
8.(b) Name of husband or wife William E. Manley 6.(c) If alive, give age 60 years  
7. Birth date of deceased (mo., day, yr.) Dec. 19, 1885  
8. AGE: Years 62 Months 11 Days 1 If less than one day  
.....hrs. ....min.

9. Birthplace Baltimore, Md.  
(Town, county, and state)  
10. Usual occupation Home  
11. Industry or business "  
12. Name John W. Bell  
13. Birthplace Maryland  
14. Maiden name Margaret Springer  
15. Birthplace Maryland

16. Informant Mr. William E. Manley  
Address 312 Ingleside Ave. Catonsville  
17. Burial Date thereof 11/24/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory New Cathedral  
Location Baltimore, Md.

18. Funeral director John T. Stansbury  
Address 2700 Edmondson Ave.

19. Nov 22 19 48 A. W. Hedrick  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 20 November 1948 at 7:15 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 Sept 1948 to 20 Nov 1948  
and that I last saw him/her alive on 20 November 1948

Immediate cause of death Myocardial failure DURATION 2 weeks  
Due to Myocardial regurgitation Unknown  
Due to Arteriosclerosis Unknown  
Other conditions Chronic passive congestion 2 weeks  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Stephen Lee Magness M.D. M. D. or other  
Address Catonsville 28, Md Date signed 11-21-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11200

Reg. Dist. No. 47

## 1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard, Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 96 daysHospital, institution, or street address where death occurred:  
V.A.H.s Fort Howard, MarylandHow long in hospital or institution? 96 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County .....City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1640 N. Fulton Ave.  
(If rural, give LOCATION)2.(a) If veteran, name war WW I

## 3. (a) FULL NAME

JOHN E. MARTIN

## 3. (b) Social Security Number

237-26-0084

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
-----------------------	----------------------------------	--

6.(b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) January 18, 1891  
6.(c) If alive, give age .....

8. AGE: Years <u>57</u>	Months <u>9</u>	Days <u>26</u>	It less than one day .....hrs. ....min.
----------------------------	--------------------	-------------------	--

9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Hotel Clerk

11. Industry or business .....

12. Name Unk.13. Birthplace Maryland14. Maiden name Lillie Hatton15. Birthplace Maryland16. Informant Clinical RecordsAddress V.A.H. Fort Howard, Maryland17. Burial Date thereof 11-17-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Loudon Park CemeteryLocation Frederick Ave.18. Funeral director Wm. J. Tichner & SonsAddress North & Penna. Aves.19. 11/16 48 Dr. W. Hedrick  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1948 at 1:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 10, 1948 to Nov. 14, 1948and that I last saw him alive on November 14, 1948Immediate cause of death SARCOMA OF PLEURA  
WITH METASTASISDURATION  
unknown

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Manaugh

M. D. or other

H. C. MANAUGH, M. D., Chief, Pro. Ser.

Address VAH, Fort Howard, Md. Date signed 11-15-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR CHANGE OF  
BIRTH DATE SHOWN ON:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11201

FILM No. G 119 JAN 6 1949 CERTIFICATE OF DEATH

Reg. Dist. No. 31

## 1. PLACE OF DEATH:

County Baltimore

City or town Baltimore Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County P.A.

City or town Annapolis  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Walter Franklin McCauley

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Mary McCauley

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 3-8 - 1865 1866

8. AGE: Years 82 Months 5 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Savage Md.  
(Town, county, and state)

10. Usual occupation Cooper

11. Industry or business \_\_\_\_\_

12. Name Jesse McCauley

13. Birthplace Savage Md.

14. Maiden name Clara Deacon

15. Birthplace Sandon - England

16. Informant Mary B. Daugherty

Address 3114 Brightwood Ave.

17. Burial Date thereof Nov 3-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Savage

Location Savage Md.

18. Funeral director E. E. Smith

Address 3911 Liberty Heights Ave

19. 11/11 1948 Wm. E. Martin  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1st 1948 at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct-25- 1948 to Nov 1st 1948

and that I last saw him alive on Oct 31 1948

Immediate cause of death Cardiovascular Disease

DURATION \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 9 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

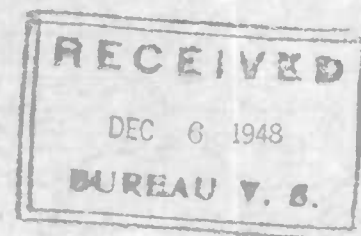
Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Wm. E. Martin M. D. or other \_\_\_\_\_

Address Randalltown Date signed 11/1/48





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11202

Reg. Dist. No. 04

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County Baltimore Middle River  
 City or town 19 Harrison Ave. Balto.  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street address, hospital, or institution: Dry Hall Nursing Home  
 Stay in hospital or inst. (yrs., or mos., or days) \_\_\_\_\_  
 Stay in this community (yrs., or mos., or days) \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto.  
 City or town Middle River Ward No. \_\_\_\_\_  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street No. 22 Torque Way  
 (If rural give LOCATION)  
 2(a) IF VETERAN, NAME WAR \_\_\_\_\_

## 3. (a) FULL NAME

John F. Mc Cusker.

## 3. (b) Social Security Number

094-07-1779

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Margaret F. Mc Cusker

## 6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

July 9 1905

## 8. AGE:

43

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Ireland  
(Town, county, and state)

## 10. Usual occupation

Barber

## 11. Industry or business

FATHER

MOTHER

## 12. Name

Peter Mc Cusker

## 13. Birthplace

Ireland

## 14. Maiden name

Rose Hughes

## 15. Birthplace

Ireland

## 16. Informant

Margaret F. Mc Cusker

## Address

22 Torque Way Middle River

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov 30, 1948  
(month) (day) (year)

## Cemetery or crematorium

Moulton Memorial Park

## Location

Taylor Ave.

## 18. Funeral director

Austin E. Donovan

## Address

3638 Roland Ave

## 19. Nov 29 19 48

(Date rec'd by registrar)

A. W. H. H. H. H.

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

November 26 1948 at 4 P.M.

## 21. CERTIFY that death occurred on the date above stated; that I attended deceased from

July 5 1946 to Nov. 26 1948  
and that I last saw him alive on November 26 1948

## Immediate cause of death

Cerebral  
Hemorrhage

## DURATION

## Due to

Hypertension  
Hypertensive Cardio-Vase4 yrs.  
2 yrs.

## Due to

Dissecting Aneurysm2 yrs.

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

## Of operations

## Of autopsy

## PHYSICIAN

Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

## Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

Joseph P. Cechan

M. D. or other

## Address

30 Chandelle RdDate signed Nov 26 48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11203

## 1. PLACE OF DEATH:

County Balto.City or town Halethorpe  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

1718 Selma Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.City or town Halethorpe  
(If outside city or town limits, write RURAL and give nearest town)1718 Selma Ave.Street No. 1718 Selma Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

ANNIE SIMON MENKEL

## 3. (b) Social Security Number

none

## 4. Sex

female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widow

## 6. (b) Name of husband or wife

Frederick William Menkel

## 7. Birth date of deceased (mo., day, yr.)

Jan. 6, 1882

## 6. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

66103

hrs.

min.

## 9. Birthplace

Baltimore, Md.

(Town, county, and state)

Housewife

## 10. Usual occupation

## 11. Industry or business

Herbert Jones

## MOTHER

## 12. Name

## 13. Birthplace

South Hill, Md.

## 14. Maiden name

Annie T. Pattison

## 15. Birthplace

Cambridge, Md.

## 16. Informant

Miss Harriett Menkel

## Address

1718 Selma Ave.

## 17.

Burial

## Date thereof

11/13/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Lorraine Cem.

## Location

Woodlawn, Md.

## 18. Funeral director

WM. J. TICKNER & SONS

## Address

Balto., Md.

## 19.

11-11  
(Date rec'd by registrar)

19

48H. E. Madrich  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 19 48, at 9:30 a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov.

19

43

to

Nov. 9

19

48and that I last saw him alive on Nov. 8 19 48

Immediate cause of death

Hypertensive C.V.D

## DURATION

Due to

Generalized Arterio  
sclerosis

Due to

Other conditions

Chronic Nephritis  
Diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 3325 Frederick Av Date signed 11/10/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## CERTIFICATE OF DEATH

Registered No. 11201 38

1. PLACE OF DEATH: Baltimore  
 (a) Baltimore City, Maryland Towson  
 (b) Street address 701 Morningside Drive  
 (c) Hospital or institution:  
 (d) Length of stay in hospital or inst. (yrs., mos., or days)  
 (e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Md. (b) County Baltimore  
 (c) City or town Towson  
 (If outside city or town limits, write RURAL and give town)  
 (d) Street No. 701 Morningside Drive  
 (If rural give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

3 (a) FULL NAME John Alongo Merritt  
 3 (b) If veteran, name war no  
 3 (c) Social Security Account No.

4. Sex male 5. Color or race white 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife S. Isabelle Merritt  
 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1878

8. AGE: Years 70 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Balto. Co., Md.  
 (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Enterprise Roofing Co.

12. Name John A. Merritt

13. Birthplace A. A. Co.

14. Maiden Name Matilda Bray

15 Birthplace A. A. Co.

16 (a) Informant Mr. J. Todd Merritt

(b) Address 501 Locksley Rd.

17 (a) Burial (b) Date thereof 11/16/48  
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oaklawn Cem.  
 Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) 11/15/48 (b) Sw. Hedrick  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 13 Nov. 1948, at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1946 to Nov. 1948, and that I last saw him alive on 13 Nov. 1948.

Immediate cause of death Coronary Thrombosis Duration 3 days

Due to Hypertensive arteriosclerotic 5 yrs.  
Cardio-Vascular Disease

Due to

Other Conditions Two previous coronary  
Thromboses in past 2 years.  
 (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?  
 (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?  
 While at work?

(Specify type of place)

(e) Means of injury

23. Signature Wm. H. Kammer, Jr.

Address 501 Sheridan Ave. Date signed 14 Nov. 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11205-

FILM No. G 118 NOV 18 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Reisterstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Reisterstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Chatsworth Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Fanny Bennett Metzel

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife Wm. Jay Metzel

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1865

8. AGE: Years Months Days If less than one day  
82 11 3 hrs. min.

9. Birthplace Baltimore City  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Capt. George Bennett

13. Birthplace Maryland

14. Maiden name Annie E. Griggs

15. Birthplace Maryland

16. Informant William Jay Metzel  
Address Reisterstown, Md.

17. Burial Date thereof Nov. 6, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reisterstow Methodist

Location Reisterstown, Md.

18. Funeral director J. F. Eline Sons  
Address Reisterstown, Md.

19. 11-6- 48 Mary B. Eline  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 19 48 at 11:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-23 19 37 to 11-4 19 48

and that I last saw her alive on 11-3 19 48

Immediate cause of death  
Hypertensive C-V. Disease 10 yrs  
Arteriosclerosis 5 yrs  
Cardiac Decompensation 2 yrs  
Mitral Insufficiency 10 yrs  
(Pneumonia)  
Angina Pectoris 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. D. Caples, M.D. M. D. or other

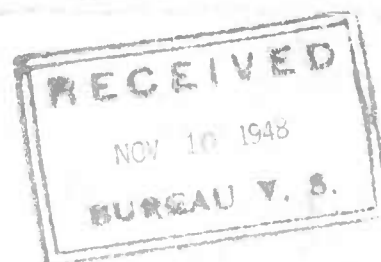
Address Reisterstown, Md. Date signed 11-5-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11206

Reg. Dist. No. 38

## 1. PLACE OF DEATH:

County Baltimore Co.City or town Adreshe  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town 328 Murdock Road  
(If outside city or town limits, write RURAL and give nearest town)Street No. 328 Murdock Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

EMMA MICHEL

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 18748. AGE: Years 74 Months Days If less than one day  
hrs. min.9. Birthplace Baltimore, Md.  
(Town, county, and state)10. Usual occupation Nurse (Practical)

11. Industry or business

12. Name Jacob F. Michel13. Birthplace (?)14. Maiden name Eliza Klein15. Birthplace Maryland16. Informant Mr. Howard Michel (Nephew)Address 328 Murdock Road17. Burial Date thereof 11/10/48  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Baltimore Cem.Location Baltimore City18. Funeral director WIEDEFELD AND SONAddress GREENMOUNT AVE. & 22nd ST.19. Nov 10 19 48 A. J. Helmer Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6/48 19 48 at 10 45 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 19 45 to Nov 6 19 48and that I last saw him alive on November 4 19 48Immediate cause of death Carcinoma of Liver DURATION 1 year

Due to

Due to

Other conditions Cardiac decompensation 2 mo.

(Include pregnancy within 8 months of death)

Major findings at operations None Date of op.Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. J. Helmer M. D. or otherAddress 6710 York Rd Date signed Nov 10 19 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1120738

### 1. PLACE OF DEATH:

County BALTO  
City or town TOWSON  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution: 202 W. Penn Ave  
Stay in hospital or inst. (yrs., or mos., or days) \_\_\_\_\_  
Stay in this community (yrs., or mos., or days) 28 yrs Balto

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Balto Ward No. \_\_\_\_\_  
City or town BALTO-TOWSON  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. 202 W. Penn Ave  
(If rural give LOCATION)  
2(a) IF VETERAN, NAME WAR NO

### 3. (a) FULL NAME

H. Sinclair Miller

### 3. (b) Social Security Number

084-09-0461

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife ANNE Runart

6. (c) It alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) FEB 19, 1888

8. AGE: Years 60 Months 9 Days 7 If less than one day 12 hrs. \_\_\_\_\_ min.

9. Birthplace Jefferson City, MO.  
(Town, county, and state)

10. Usual occupation EXECUTIVE, INSURANCE

11. Industry or business INSURANCE

12. Name FRANK Beverly Miller

13. Birthplace ST. JOSEPH MO.

14. Maiden name MRS ANNIE DENEY

15. Birthplace HOBBS CAVE, N.Y.

18. Informant son, wife, daughter, sister

Address 202 W Penn Ave TOWSON MD

17. Burial Date thereof 11/29/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or place of interment New Cathedral

Location Edmondson Ave., Baltimore

18. Funeral director John L. Mitchell & Sons, Inc.

Address 1900 Eutaw Place, Baltimore, Md.

19. Nov 29 19 48 A. W. Wedrich  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26- 1948, at 11:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-3-48 to 11-26- 1948, and that I last saw him alive on 11-26-48

Immediate cause of death Mediastinal glandular carcinoma obstruction of bronchus

DURATION

7 MOS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None

(Include pregnancy within 3 months of death)

Major findings: metastatic gland

Dr operations st supra clavedw

Dr autopsy \_\_\_\_\_

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Victor Richards, M.D.

M. D. or other

Address 321 DUNNICK RD

Date signed 11/26/48

BALTO-CO MD.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11208

Reg. Dist. No. 44

## 1. PLACE OF DEATH

County BaltoCity or town Dundalk  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

58 Shipway

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County BaltoCity or town Dundalk  
(If outside city or town limits, write RURAL and give nearest town)Street No. 58 Shipway  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Wm. S. Moore

## 3. (b) Social Security Number

217-20-89934. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced6. (b) Name of husband or wife Laura (Willey)7. Birth date of deceased (mo., day, yr.) Feb. 28 - 1878 8. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 70 Months 8 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.8. Birthplace Cambridge, Dorchester Co. Md.  
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Henry Martin Moore13. Birthplace Dorchester Co., Md.14. Maiden name Wm.

15. Birthplace

16. Informant Ma. Audrey MooreAddress 58 Shipway Dundalk Md.17. Burial Date thereof 11/26/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Oak Lawn Cem.Location Eastern Ave. Rd.18. Funeral director John G. ConnollyAddress 414 Eastern Ave.11/26/48 John G. Connolly

18. (Date/see'd by registrar) 19. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1948 at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 19 44 to Nov 23 48and that I last saw him alive on Nov 22 1948Immediate cause of death Coronary thrombosisDue to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David H. Andrew Md.Address 2 Kinsley Rd Dundalk MdDate signed Nov 24, 1948

M. D. or other

RECEIVED  
NOV 30 1966  
BUREAU V. B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11210

Reg. Dist. No. 37

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Towes  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 yrs 1 mo. 22 da  
 Hospital, institution, or street address where death occurred:  
Baltimore County Home  
 How long in hospital or institution? 2 yrs 1 mo. 22 da

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Baltimore  
 City or town Towes  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3.(a) FULL NAME

Margaret Muir

## 3.(b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) June 12, 1864  
 8. AGE: Years 84 Months 4 Days 29 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
 (Town, county, and state)  
 10. Usual occupation Milliner  
 11. Industry or business \_\_\_\_\_  
 12. Name Robert H. Muir  
 13. Birthplace Maryland  
 14. Maiden name Margaret Jane Carey  
 15. Birthplace Maryland

16. Informant Mrs. Helena Cole  
 Address 914 N. Fulton Ave - Balto. Md.  
 17. Burial Date thereof Nov. 12 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Loudon Park  
 Location Fredrick Road Balto. Md.  
 18. Funeral director William Cook  
 Address 44 Paul & Preston Sts.  
 19. Nov. 10 1948 W. J. Chiscoat  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10 1948 at 1 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/13 1946 to 11/10 1948  
 and that I last saw her alive on 11/8 1948  
 Immediate cause of death Pernicious Anemia  
 DURATION 6 mo.  
 Due to Senility  
 Due to \_\_\_\_\_  
 Other conditions Arthritis  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William C. Enos M.D.  
 Address Cochesville Md. Date signed 11/10/48

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NOV 15 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11211

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 13 days  
 Hospital, institution, or street address where death occurred:  
VAH, Fort Howard, Maryland  
 How long in hospital or institution? 13 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1029 North Bond Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war WWI

## 3. (a) FULL NAME

CHARLES H. NEAL (O'NEILL)

## 3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mrs. Hattie Neal

7. Birth date of deceased (mo., day, yr.) 1-29-96  
 6. (c) If alive, give age 49 years

8. AGE: Years 52 Months 9 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Littleton, N. C.  
(Town, county, and state)10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Henry Neal  
 13. Birthplace North Carolina  
 14. Maiden name Laura Harrison  
 15. Birthplace North Carolina

16. Informant Clinical Records, Vet. Adm. Hosp.Address Fort Howard, Maryland

17. Burial Date thereof Nov 5/48  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Baltimore National CemeteryLocation Baltimore, Md.18. Funeral director Elliott Funeral HomeAddress Balto., Md.

19. 11/2 11/2 11/2 11/2  
 (Date recd by registrar) \_\_\_\_\_ Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 19 48 at 6:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 19 19 48 to November 1 19 48  
 and that I last saw him alive on November 1 19 48

Immediate cause of death Myocardial Failure DURATION Sudden

Due to Hypertension 2-1/2

Due to \_\_\_\_\_ yrs.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE H.C. MANAUGH

H.C. MANAUGH, M.D. Chief Prob. Sec.

Address VAH, Ft. Howard, Md. Date signed 11-1-48

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

1248 Registered No. 11212

**1. PLACE OF DEATH**

(a) Baltimore City, Maryland

(b) Street address 39 - 1st St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

**3 (a) FULL NAME**

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

9. Birthplace

(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a)

(Burial, cremation, or removal)

(b) Date thereof

(month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

NOV 4 1948

Date rec'd by registrar

Registrar

**2. USUAL RESIDENCE OF DECEASED:**

(a) State

(b) County

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH

November 3, 1948, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24, 1946, to Nov. 3, 1948, and that I last saw him alive on Nov. 2, 1948.

Immediate cause of death

Cirrhosis of Liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Arthur Rosserberg, M.D.

Address

2411 Wash. Blvd.

Date signed 11/4/48

M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11213

Reg. Dist. No. 44

<b>1. PLACE OF DEATH:</b> County <u>Baltimore</u> City or town <u>Essex</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred <u>139 Riverside Rd.</u> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Md</u> County <u>Balto</u> City or town <u>Essex</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>139 Riverside Rd.</u> (If rural, give LOCATION) 2.(a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>Katie O'Brein</u>				<b>3. (b) Social Security Number</b>			
<b>4. Sex</b> <u>F</u>		<b>5. Color or race</b> <u>W.</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Widow</u>			
<b>6. (b) Name of husband or wife</b> <u>John O. Brein</u>				<b>6. (c) If alive, give age</b> ..... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Sept 7 - 1874</u>				<b>8. AGE:</b> Years <u>74</u> Months ..... Days ..... If less than one day ..... hrs. .... min.			
<b>9. Birthplace</b> <u>Balto., Md.</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Housewife</u>			
<b>11. Industry or business</b> <u>at home</u>				<b>12. Name</b> <u>Hugh Reveney</u>			
<b>13. Birthplace</b> <u>Ireland</u>				<b>14. Maiden name</b> <u>Katie Smith</u>			
<b>15. Birthplace</b> <u>Ireland</u>				<b>16. Informant</b> <u>Mrs Ada Fisher</u> Address <u>139 Riverside Rd.</u>			
<b>17. (Burial, cremation, or removal, Which?)</b> <u>Burial</u> Cemetery or crematory <u>Oak Lawn</u> Location <u>Eastern Ave.</u>				Date thereof <u>Nov. 10 - 1948</u> (month) (day) (year)			
<b>18. Funeral director</b> <u>John G. Connolly</u> Address <u>418 Eastern Ave.</u>				<b>19. (Date rec'd by registrar)</b> <u>Nov. 10th 48</u>			

MEDICAL CERTIFICATION	
<b>20. DATE OF DEATH</b> <u>Nov. 8<sup>th</sup></u> 19 <u>48</u> , at <u>145</u> M	<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19..... and that I last saw h..... alive on ..... 19..... Immediate cause of death <u>Myocarditis</u> Due to <u>Arteriosclerosis</u> Due to ..... Other conditions ..... (Include pregnancy within 3 months of death) Major findings of operations ..... Date of op. .... Autopsy results ..... PHYSICIAN: Please underline the cause to which death should be charged statistically.
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide ..... Date of ..... Where did injury occur? <u>Home</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?) ..... Means of injury ..... Injured at work? .....	<b>23. SIGNATURE</b> <u>W. B. Davis M.D.</u> <u>Sp. Med. Examiner, Baltimore, Md.</u> Address <u>Quindale Ave. N.W.</u> Date signed <u>11/18/48</u>

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NOV 15 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11214

30

## 1. PLACE OF DEATH:

County BaltimoreCity or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years, 8 months, 20 days

Hospital, institution, or street address where death occurred:

Spring Grove State HospitalHow long in hospital or institution? 5 years, 8 months, 20 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore City  
(If outside city or town limits, write RURAL and give nearest town)Street No. 4645 Park Heights Avenue  
(If rural, give LOCATION)2. (a) If veteran, name war ☒

## 3. (a) FULL NAME

HARRY OSTENDORF

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Rebecca Sterrett6. (c) If alive, give age 73 years7. Birth date of deceased (mo., day, yr.) January 14, 18728. AGE: Years Months Days If less than one day  
(76) X 9 26 hrs. min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Salesman11. Industry or business Advertising12. Name Henry Ostendorf13. Birthplace Baltimore, Maryland14. Maiden name Mary ?15. Birthplace Baltimore, Maryland16. Informant Hospital RecordsAddress Catonsville 28, Maryland17. Burial Date thereof Nov 11/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory National Memorial Park CemeteryLocation Fells Church, Virginia18. Funeral director Stewart & McQueen CompanyAddress 108 W. North Ave, Balto #1, Md.19. 11-10-48 Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 9, 1948 at 6:15 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 20, 1943 to November 9, 1948and that I last saw him alive on November 9, 1948Immediate cause of death Renal insufficiency with uremia DURATION 2 monthsDue to Arteriosclerotic cardiovascular disease indefiniteDue to Coronary sclerosis "Hypertensive cardiovascular "Other conditions disease "

(Include pregnancy within 3 months of death)

Major findings of operations as above

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide as above Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Isadore Turk, M.D. Injured at work?23. SIGNATURE Isadore Turk, M.D. M. D. or otherAddress Catonsville 28, Md. Date signed 11/9/1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11215

Reg. Dist. No. 38

## 1. PLACE OF DEATH:

County BaltoCity or town Jensen  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County BaltoCity or town Jensen  
(If outside city or town limits, write RURAL and give nearest town)Street No. 102 Susquehanna Ave  
(If rural, give LOCATION)2. (a) If veteran, name war none

## 3. (a) FULL NAME

Howard P. Parish

## 3. (b) Social Security Number

none4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Elizabeth (nee Stankin)7. Birth date of deceased (mo., day, yr.) Aug. 19, 18658. AGE: Years 83 Months 2 Days 15 If less than one day hrs. min.9. Birthplace Balto Co. Md.  
(Town, county, and state)10. Usual occupation Retail Store (Auto)11. Industry or business Retired 10 Yrs12. Name Rev. David H. Parish13. Birthplace Jensen, Md.14. Maiden name unknown

15. Birthplace

16. Informant David H. ParishAddress 102 Susquehanna, Jensen17. Burial Date thereof Nov 5, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Chertnut Grove ChurchLocation Sweet Acre, Balto Co, Md18. Funeral director Samuel M. BrooksAddress Sparks, Md19. Nov 4 19 48 W. David H. Parish Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 3, 48 19 at 1:00 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 2 19 48 to Nov 3 19 48and that I last saw him alive on Nov 3 19 48Immediate cause of death Carcinoma (Liver)

DURATION

1 yr.Due to Carcinoma (Liver)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. M. D. or otherAddress Jensen, Md Date signed 11/4/48



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DEC 3 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

## 1. PLACE OF DEATH:

County BaltimoreCity or town Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

626 Orpington Rd.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County Balto.City or town Catonsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 626 Orpington Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

JEANNETTE VINTON PERKINS

## 3. (b) Social Security Number

## 4. Sex

female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

single

## 6. (b) Name of husband or wife

6. (c) If alive, give age years

## 7. Birth date of

deceased (mo., day, yr.)

Dec. 11, 1870

## 8. AGE:

Years

Months

Days

If less than one day

77112

hrs.

min.

9. Birthplace Baltimore

(Town, county, and state)

## 10. Usual occupation

School Teacher

## 11. Industry or business

Retired12. Name George H. C. Perkins

## 13. Birthplace

Unknown14. Maiden name Marianna Vinton

## 15. Birthplace

Md.16. Informant Miss Lida E. WatkinsAddress 626 Orpington Rd.

## 17. Burial

Date thereof 11/15/48

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Mt. Olivet Cem.

Location

Baltimore, Md.

## 18. Funeral director

WM. J. TICKNER & SONS

Address

Balto., Md.

## 19.

11-1319 48W.E. Harvey

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 19 48, at 4:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 10 19 38, to Nov. 13 19 48and that I last saw him alive on Nov. 12 19 48

Immediate cause of death

Terminal Cardiac Collapse  
(Coronary Artery)

DURATION

48 hrs

Due to

Carcinoma of Breast2 yrs

Due to

Cardio-Vascular Renal Disease6 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George E. Urban

M. D. or other

Address

Catonsville

Date signed

Nov. 13, 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11217

Reg. Dist. No. 30

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Catonsville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Opitz Nursing Home

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 34 Overbrook Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William P. Pfetzing

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Dorothea Pfetzing

7. Birth date of deceased (mo., day, yr.) September 29, 1861  
 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 87 Months 1 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
(Town, county, and state)10. Usual occupation Retired11. Industry or business Grocery Store - Proprietor12. Name Mr. Pfetzing13. Birthplace Germany14. Maiden name Unknown15. Birthplace Germany16. Informant Mrs. Rena E. PfetzingAddress 34 Overbrook Road, Catonsville, Md.

17. Burial Date thereof Nov. 17, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park CemeteryLocation Baltimore, Md.18. Funeral director E. W. LinscenAddress 4510 Liberty Heights Ave.19. 11-15 19 48 W.E. Harry

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 19 48 at 7:25A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 48 to Nov 15 19 48  
 and that I last saw him alive on Nov 14 19 48

Immediate cause of death Regenerative Cardio Vascular  
Renal Disease DURATION 3 yrs

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Harry M. D. or otherAddress 715 Frederick Ave., Catonsville, Md. Date signed

RECEIVED

NOV 18 1948

BUREAU T. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11218

30

### 1. PLACE OF DEATH:

County Baltimore  
City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? since June 21, 1943  
Hospital, institution, or street address where death occurred:  
Spring Grove State Hospital  
How long in hospital or institution? since June 21, 1943,

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Baltimore  
City or town Baltimore City  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 117 S. Curley  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Catherine PHILLIPS

### 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Charles Phillips  
6. (c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) June 19, 1886  
8. AGE: Years 62 Months 5 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
(Town, county, and state)  
10. Usual occupation housewife; factory worker.  
11. Industry or business  
12. Name Charles Cole  
13. Birthplace Maryland  
14. Maiden name Mary Giese  
15. Birthplace Maryland

16. Informant Hospital Records  
Address Spring Grove State Hospital, Catonsville  
17. Burial Date thereof Dec. 1/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Trinity Cemetery  
Location O'Donnell St.  
18. Funeral director John A. Miller  
Address 2334 Jefferson St.  
19. 11/30/48 Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1948 at 7:05A M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21, 1943 to Nov. 28, 1948  
and that I last saw him alive on Nov. 27, 1948  
Immediate cause of death Terminal pneumonia DURATION 5 days  
Due to Hypertensive C.V. disease with  
generalized arteriosclerosis indef.  
Due to Diabetes mellitus indef.  
Midhigh amputation of right leg  
Other conditions due to gangrene; several years ago.  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Abraham M. Schneidmuhl M. D. or other  
Address Spring Grove Hospital Date signed 11/28/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



## CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH: Found: Breakwater at  
 (a) Baltimore City, Maryland Fort Howard on the  
 (b) Street address Patapsco  
 (c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)  
 (e) Length of stay in Baltimore (yrs., mos., or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County  
 (c) City or town Pittsburgh  
 (If outside city or town limits, write RURAL and give town)  
 (d) Street No. R.F.D. # 1  
 (If rural give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

## 3 (a) FULL NAME

JOSEPH RAYMOND PICKETT

3 (b) If veteran, name war

3 (c) Social Security Account  
No. 208-05-9795

4. Sex male 5. Color or race white 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Ruth V.  
 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1904

8. AGE: Years Months Days if less than one day  
 44 9 22 hr. min.

9. Birthplace Pennsylvania  
 (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

12. Name Ernest E. Pickett

13. Birthplace Towanda, Pa.

14. Maiden Name Mable Bell

15. Birthplace Towanda, Pa.

16 (a) Informant Jesse L. Kipp

(b) Address R.D. 1 Box 244 Tarrentum, Pa.

17 (a) Burial (b) Date thereof 12 13 48  
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Vernon  
 Location R.D. # 1 Towanda, Pa.

18 (a) Funeral director W. W. J. J. J.

(b) Address 44 ex c Wood St Towanda, Pa.

19 (a) Dec. 11, 1948 (b) A. W. Hedrick  
 (Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1948, at 11.00 AM

21. I certify that I took charge of the remains described above, held an Inquiry & Inspec. thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

## IMMEDIATE CAUSE OF DEATH

Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury Nov. 3, 48, approx. 2 p. M.

(b) Where did injury occur? Patapsco River

(c) Did injury occur at home, on farm, industrial place, in public place? Tugboat While at work? YES

(d) Means of injury Fell off tugboat into water

23. Signature E. W. Hedrick M.D.

Date signed December 11, 1948

Medical Examiner.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 462 11228

### 1. PLACE OF DEATH:

County Balto  
City or town E. G. Myers  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Balto  
City or town E. G. Myers  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2406 Manning Ave  
(If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (a) FULL NAME

Joseph Pike

### 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Helena Pike

7. Birth date of deceased (mo., day, yr.) Nov 29th 1891 B. (c) If alive, give age years

8. AGE: Years 57 Months Days If less than one day hrs. min.

9. Birthplace Austria  
(Town, county, and state)

10. Usual occupation Foreman

11. Industry or business Sparrows Pt

12. Name Joe Pike

13. Birthplace Austria

14. Maiden name Don't know

15. Birthplace Austria

16. Informant Helena Pike

Address 2406 Manning Ave

17. (Burial, cremation, or removal, Which?) Burial Date thereof Nov 29-1948  
(month) (day) (year)

Cemetery or crematory Park Lawn

Location City

18. Funeral director Weirich Funeral Home

Address 2008 Orleans St

19. 4/29/48 19 48 W. Weirich  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 19 48 at 4:02 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1947 to Nov 26, 1948 and that I last saw him alive on Nov 19, 1948

Immediate cause of death Coronary Occlusion DURATION Inst.

Due to Arteriosclerosis

Due to

Other conditions Carcinoma of Rectum 2 years

(Include pregnancy within months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philander M.D. M. D. or other

Address 520 D St. SP 19 Date signed Nov

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1881  
—  
68  
1949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11221

Reg. Dist. No. 44

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 Days  
 Hospital, institution, or street address where death occurred:  
Vets. Adm. Hospital, Ft. Howard, Md.  
 How long in hospital or institution? 9 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 816 Druid Hill Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WW-I

## 3.(a) FULL NAME

WILLIAM QUEEN

## 3.(b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married-Separated  
 6.(b) Name of husband or wife Marie Queen  
 7. Birth date of deceased (mo., day, yr.) 6-30-87 6.(c) If alive, give age 61 years  
 8. AGE: Years 61 Months 5 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
(Town, county, and state)10. Usual occupation Unemployed

11. Industry or business

12. Name William Queen13. Birthplace Annapolis, Md.14. Maiden name Mary (M.N. Unknown)15. Birthplace Annapolis, Md.16. Informant Clinical Records, Vets. Adm. HospitalAddress Fort Howard, Md.17. Burial Date thereof 12-4-48  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Baltimore National CemeteryLocation Baltimore, Md.18. Funeral director Charles R. LawAddress 802 Madison Ave., Balto., Md.19. Dec 3 1948 A.W. Hyatt  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1948 at 2:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 21, 1948 to November 30, 1948  
 and that I last saw him alive on November 30, 1948

Immediate cause of death  
Hemorrhagic infarct of right  
cerebrum

Due to Arteriosclerosis

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.C. MANAUGH

H.C. MANAUGH, M.D. Chief Prob. Ser.

Address VAH, FT. HOWARD, M.D. Date signed 12-1-48

DURATION

10 Dys

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 31

11222

83a

## 1. PLACE OF DEATH:

County BaltimoreCity or town Harrisonville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BaltimoreCity or town Harrisonville  
(If outside city or town limits, write RURAL and give nearest town)Street No. Randalltown P.O.  
(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Elizabeth Gray Richardson

## 3. (b) Social Security Number

4. Sex

F.

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Randolph R. Richardson

7. Birth date of deceased (mo., day, yr.)

Oct. 8, 1858

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

90113

hrs.

min.

9. Birthplace

MD

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Ezekiel Gray

13. Birthplace

MD

MOTHER

14. Maiden name

Anne Sheppard

15. Birthplace

MD

16. Informant

Mr. W. A. O'Dell

Address

Randalltown, MD

17.

(Burial, cremation, or removal, Which?)

Date thereof

Nov 23, 1948  
(month) (day) (year)

Cemetery or crematory

St. Mary's

Location

Harrisonville, Balt. Co., MD

18. Funeral director

C. Harry Allen

Address

Harrisonville, MD

19.

(Date rec'd by registrar)

11/21/1948Nov. E. Martin

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1948 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 15, 1948 to Nov. 21, 1948and that I last saw him alive on Nov. 20, 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

3 days

Due to

Arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Nov. E. Martin  
Randalltown

M. D. or other

Date signed 11/24/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 Days  
 Hospital, institution, or street address where death occurred:  
Vets. Adm. Hospital, Fort Howard, Maryland  
 How long in hospital or institution? 2 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County P.A.  
 City or town Annapolis  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 126 Cathedral Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WW-2 ✓

## 3. (a) FULL NAME

DAVID S. ROBERTS

## 3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife Single  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 6-24-09  
 8. AGE: Years 39 Months 5 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Annapolis, Md.  
 (Town, county, and state)  
 10. Usual occupation Filling Station Attendant  
 11. Industry or business \_\_\_\_\_  
 12. Name William Roberts  
 13. Birthplace England  
 14. Maiden name Alberta Jones  
 15. Birthplace Maryland

16. Informant Clinical Records, Vets. Adm. Hosp.  
 Address Fort Howard, Maryland  
 17. Burial Nov 30, 1948  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Cedar Bluff Cemetery  
Annapolis, Md.  
 Location \_\_\_\_\_  
 18. Funeral director John M. Taylor  
 Address Annapolis, Md.  
 19. Nov 25, 1948 Lawson L. Harbor  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1948 at 9:44 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 23, 1948 to November 25, 1948  
 and that I last saw him alive on November 25, 1948

Immediate cause of death Coronary Occlusion DURATION 12 Hrs.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Hypertensive cardio vascular disease  
Obesity (Include pregnancy within 3 months of death) Unknown  
5 Yrs.

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results No Autopsy  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Wilbur R. Ellis  
WILBUR R. ELLIS, M.D. M. D. or other  
 Address VAH, FORT HOWARD, MD. Date signed 11-25-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11224

37

## 1. PLACE OF DEATH:

County..... Baltimore  
 City or town..... Sparks  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 8 years  
 Hospital, institution, or street address where death occurred.....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Baltimore  
 City or town..... Sparks  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Belfort Rd.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

## 3. (a) FULL NAME

Josephine Von Röhlhing

## 3. (b) Social Security Number

-

4. Sex..... F. 5. Color or race..... W. 8. (a) Single, married, widowed, or divorced..... Single  
 6. (b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.)..... Feb 7, 1854  
 8. AGE: Years..... 94 Months..... 9 Days..... 3 If less than one day..... hrs. .... min.

9. Birthplace..... Baltimore, Md.  
 (Town, county, and state)  
 10. Usual occupation..... None  
 11. Industry or business.....  
 12. Name..... Fredric Wm. Röhlhing  
 13. Birthplace..... Germany  
 14. Maiden name..... Mary Ann Fox  
 15. Birthplace..... Baltimore, Md.

16. Informant..... Miss Mary Horner  
 Address..... Sparks, Md.  
 17. Burial (Burial, cremation, or removal. Which?) Date thereof..... 11-30-48  
 (month) (day) (year)  
 Cemetery or crematory..... Greenmount, Baltimore, Md.  
 Location..... Balto., Md.  
 18. Funeral director..... London M. Brooks  
 Address..... Sparks, Md.  
 Nov. 29 48 Wilmer C. Ensor  
 19. (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 28 19. 48 at 8:00 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19. 45 to Nov. 28 19. 48  
 and that I last saw him alive on Nov. 23, 1948 19. 48

Immediate cause of death..... Bronchopneumonia  
 Due to..... Cachexia  
Spinal changes  
 Due to..... Arteriosclerosis  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury..... Injured at work?  
 23. SIGNATURE..... Rollins Hudson MD.  
 M. D. or other  
 Address..... Towson Md. Date signed..... 11/29/48

RECEIVED

DEC 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Grott  
Evidence for change of  
age shown on:

FILE No. G 118 NOV. 24 1948

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

### 1. PLACE OF DEATH:

County..... Carney

City or town..... Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Summitt Avenue

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Carney

City or town..... Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. Summitt Ave. R.F.D. #6

(If rural, give LOCATION)

2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Harry M. Sadler

### 3. (b) Social Security Number

216-07-5387

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

male

white

married

6.(b) Name of husband or wife..... Alice Ann

7. Birth date of deceased (mo., day, yr.)..... July 8th, 1893

6.(c) If alive, give age..... years

8. AGE: Years..... 55 Months..... 4 Days..... 5 If less than one day..... hrs. min.

9. Birthplace..... Baltimore, Md.

(Town, county, and state)

10. Usual occupation..... Crane Oiler

11. Industry or business.....

FATHER 12. Name..... Joseph Sadler

13. Birthplace..... Md.

MOTHER 14. Maiden name..... Mary Bippa

15. Birthplace..... Md.

16. Informant..... Mrs. Alice A. Sadler

Address..... Summitt Avenue, R.F.D.#6

17. Burial..... Date thereof..... 11-16-48

(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Parkwood

Location..... Baltimore

18. Funeral director..... Leonard J. Ruck

Address..... 5305 Harford Road #14

19. 11/16 1948 R.W. Hedrick Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 13th 1948 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 7, 1948 to Nov. 13, 1948

and that I last saw him alive on Nov. 12, 1948

Immediate cause of death.....

Due to..... Pulmonary tuberculosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Harold A. Grott, M.D.

Address..... 8100 Harford Rd. Date signed 11/15/48

11225

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 11226

## 1. PLACE OF DEATH:

- (a) Baltimore City, Maryland  
(b) Street address 318 North Point Rd.  
(c) Hospital or institution:

- (d) Length of stay in hospital or inst. (yrs., mos., or days)  
(e) Length of stay in Baltimore (yrs., mos., or days) Life

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Md. (b) County Baltimore  
(c) City or town Baltimore  
(If outside city or town limits, write RURAL and give town)  
(d) Street No. 306 North Point Rd.  
(If rural give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

## 3 (a) FULL NAME

Anita E. Sauer

## 3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced Married

- 6 (b) Name of husband or wife Frederick A. Sauer  
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1905

8. AGE: Years 43 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Balto., Md.

(Town, county, and state)

10. Usual Occupation none

11. Industry or business

12. Name Dudley Crafton

13. Birthplace Balto., Md.

14. Maiden Name Barbara Frank

15. Birthplace Balto., Md.

16 (a) Informant Mr. Frederick A. Sauer

(b) Address 306 North Point Road

17 (a) Burial (b) Date thereof Nov. 5/48  
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem.  
Location Balto., Md.

18 (a) Funeral director Philip Herwig Sons

(b) Address 2024 Orleans St.

19 (c) NOV 4 1948 (Date recorded by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2/48 1948, at J. C. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1948, to Nov 2 1948, and that I last saw him alive on Nov 1 1948.

Immediate cause of death

Duration

Generalized Carcinoma  
Primary site - Right Breast 12 1/2 hrs  
Due to Pulmonary Edema as.

Due to

Other Conditions Myocardial Infarct

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide  
(b) Date of occurrence at M  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)  
(e) Means of injury

23. Signature M. O. Jacobs Date signed 11/3/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11227

Reg. Dist. No. 42

### 1. PLACE OF DEATH:

County Baltimore  
City or town Woodlawn  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution:  
1 Holder Ave.  
Stay in hospital or inst. (yrs., or mos., or days) \_\_\_\_\_  
Stay in this community (yrs., or mos., or days) \_\_\_\_\_

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore  
City or town Woodlawn Ward No. \_\_\_\_\_  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. 1 Holder Ave.  
(If rural give LOCATION)  
2(c) IF VETERAN, NAME WAR \_\_\_\_\_

### 3. (a) FULL NAME

Harry Schmier

### 3. (b) Social Security Number

915-10-3781

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Mildred Schmier  
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 3, 1894

8. AGE: Years 54 Months 4 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

B. Birthplace Baltimore, Md.  
(Town, county, and state)

10. Usual occupation Sales Manager

11. Industry or business Cloverland Dairy

12. Name Henry Schmier

13. Birthplace Germany

14. Maiden name Caroline Hussmann

15. Birthplace Baltimore, Md.

18. Informant Mrs. Mildred Schmier

Address 1 Holder Ave., Woodlawn, Md.

17. Burial Date thereof Nov. 15, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood Cemetery

Location Baltimore, Md.

18. Funeral director Willis Lamorean

Address 4510 Liberty Heights Ave.

19. Nov 12 48 Ger Kieffer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 19 48 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Due to Coronary occlusion

Due to Cardiovascular disease

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

If operations \_\_\_\_\_ Please underline the cause to which death should be charged statistically.

If autopsy \_\_\_\_\_

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ger Kieffer Dean Ball

Address 1010 Lee Ave Date signed Nov 14 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

INVESTIGATION OF DEATH

RECEIVED

NOV 16 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11228

Reg. Dist. No. 30

## 1. PLACE OF DEATH

County BaltimoreCity or town Towson  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Murtha Rebecca Screens

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Infant

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

March 8, 1943

## 8. AGE:

Years 5 Months 8 Days  If less than one day  hrs.  min. 

## 9. Birthplace

Towson Md.  
(Town, county, and state)

## 10. Usual occupation

Infant

## 11. Industry or business

## MOTHER

## FATHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17. Burial

## (Burial, cremation, or removal. Which?)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19. (Date rec'd by registrar)

## 20. Registrar

## 21. Signature

## Address

## Date signed

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Nov 15, 1948, at 9:30 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

None 19  to 19 and that I last saw him alive on 19 

## Immediate cause of death

Pneumonia, lobarDue to Cold-catarhal, upper respiratoryDue to Other conditions Paralysis general since birthcause unknown - from Hopkins Clinic case.

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results 

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of Where did injury occur?  (City or town)  (County)  (State)Injured at home, farm, industry, public place (where?) Means of injury  Injured at work? 23. SIGNATURE Bollin E. Hudson MD DMEAddress Towson MdDate signed 11/15/48.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **3.**

## 1. PLACE OF DEATH:

County Balto.City or town Catonsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Home in the Pines, 16 Fusting Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County \_\_\_\_\_City or town Balto.  
(If outside city or town limits, write RURAL and give nearest town)Street No. 5105 St. Albans Way  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

ANNETTE F. SEIBERT

## 3. (b) Social Security Number

no

## 4. Sex

female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Charles E. Seibert

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

March 14, 1865

## 8. AGE:

Years

Months

Days

If less than one day

83729

.....hrs. ....min.

## 9. Birthplace

Baltimore, Md.

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

## FATHER

## 12. Name

Unknown Hossbach

## 13. Birthplace

Unknown

## MOTHER

## 14. Maiden name

??

## 15. Birthplace

??

## 16. Informant

Mrs. Mildred A. Shriver

## Address

5105 St. Albans Way

## 17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory Druid Ridge Cem.  
Pikesville, Md.

## Location

## 18. Funeral director

WM. J. TICKNER & SONS

## Address

Balto., Md.

## 19.

(Date received by registrar)

11/154819483m

## 23. SIGNATURE

William K. Gallager M.D.  
Address Catonsville 28, Md. Date signed 11-15-48

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1948 19 48 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 28, 1948 to November 13, 1948  
and that I last saw him November 12, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

17 days

Due to

Cerebral Hemorrhage and Cerebral Hypertension

Due to

Hemiplegia left side

Other conditions

Hemiplegia left side

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

## 23. SIGNATURE

William K. Gallager M.D.  
Address Catonsville 28, Md. Date signed 11-15-48

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 138 11230 38

### 1. PLACE OF DEATH:

County Baltimore  
City or town Towson, Md. Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since April 29, 1947  
Hospital, institution, or street address where death occurred:  
Eudowood Sanatorium, Towson, Md., Maryland  
How long in hospital or institution? Since April 29, 1947

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Baltimore City  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2104 E Fairmount Ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war ☒

### 3. (a) FULL NAME

Maria Virginia Sidel

### 3. (b) Social Security Number

4. Sex Female 5. Color of race White 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Walter Sidel 6. (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) August 12, 1923

8. AGE: Years 25 Months 2 Days 11 it less than one day hrs. min.

9. Birthplace Bermentown, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name David Wilson

13. Birthplace Bermentown, Md.

14. Maiden name Virginia Carter

15. Birthplace Bermentown, Md.

16. Informant personal history-hospital records

Address Eudowood Sanatorium, Towson, Md., Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 11/9/48 (month) (day) (year)

Cemetery or crematory National

Location Baltimore, Md.

18. Funeral director William Cook, Inc

Address 1217 St. Paul St.

19. 11/8/48 (Date rec'd by registrar)

Registrar [Signature]

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1948 at 11:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29 1947, to November 5 1948

and that I last saw him alive on November 5 1948

Immediate cause of death Pulmonary tuberculosis

Due to about 5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

22. SIGNATURE W A Bridges

Address Towson, Md., Maryland

Date signed 11-5-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

### 1. PLACE OF DEATH:

County..... Baltimore  
City or town..... Reisterstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Int. Pleasant Sanatorium  
How long in hospital or institution?..... since Oct. 18, 1948

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... Baltimore City  
City or town..... Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3508 Clifton Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... ☒

### 3. (a) FULL NAME

Israel Silberman

### 3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married  
6.(b) Name of husband or wife..... Anna Silberman  
7. Birth date of deceased (mo., day, yr.)..... Sept. 15, 1863  
6.(c) If alive, give age..... 65 years  
8. AGE: Years..... 85 Months..... 2 Days..... 10 If less than one day..... hrs. .... min.

9. Birthplace..... Russia  
(Town, county, and state)

10. Usual occupation..... Sailor

11. Industry or business

12. Name..... Solomon Silberman

13. Birthplace..... Russia

14. Maiden name..... Murcin

15. Birthplace..... Russia

16. Informant..... Anna Silberman (wife)

Address..... 3508 Clifton Ave, Balt Ind

17. Burial Date of sep. 11-26-48  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... B'nai Israel

Location..... Southern Ave

18. Funeral director..... Jack Lewis Inc

Address..... 2100 Guntaw Place

19. 11-26 48 Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 25 19..... 48 at 1 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Oct 18 19..... 48 to Nov. 25 19..... 48  
and that I last saw him alive on Nov. 25 19..... 48

Immediate cause of death..... Myocardial Failure

Due to..... Pulmonary Tuberculosis DURATION..... 6 months

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... E. Quotner M.D.

Address..... Reisterstown, Ind. Date signed..... Nov 25, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11232  
Reg. Dist. No. 35

## 1. PLACE OF DEATH:

County BaltimoreCity or town White Hall  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 92 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town White Hall Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

ANNIE SLADE

## 3. (b) Social Security Number

NON 12

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE WHITE WIDOW6. (b) Name of husband or wife CHRISTOPHER SLADE

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) APRIL 12 18568. AGE: Years Months Days If less than one day  
92 7 17 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace WHITE HALL  
(Town, county, and state)10. Usual occupation AT HOME

## 11. Industry or business

12. Name JOHN HOOTER13. Birthplace WHITE HALL14. Maiden name ELIZABETH JOHNSON15. Birthplace WHITE HALL16. Informant J. Elmer SladeAddress White Hall Ind17. Burial Date thereof DEC. 2-1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory VERNONLocation WHITE HALL, MD18. Funeral director Howard S. MarklineAddress White Hall Ind19. Dec. 1, 1948 ms Howard S. Markline  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 29 1948 at 8 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19 40 to NOV. 29 1948  
and that I last saw h. alive on NOV. 28 1948Immediate cause of death Chronic myocarditis DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. M. France M. D. or otherAddress Parlaton, Ind Date signed 12/1/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STANDARD FORM NO. 64

CERTIFICATE OF DEED

RECEIVED  
DEC 6 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11233

Reg. Dist. No.

## 1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

VAH, Fort Howard, MarylandHow long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balt.City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 3019 Bolder Avenue  
(If rural, give LOCATION)2.(a) If veteran, name was WW I

## 3. (a) FULL NAME

WALTER SLAYSMAN

## 3. (b) Social Security Number

217-05-6290  
Unknown

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

MarriedB. (b) Name of husband or wife Mrs. Lucy Slaysman7. Birth date of deceased (mo., day, yr.) April 8, 1890B. (c) If alive, give age 50 years

## 8. AGE:

Years

Months

Days

If less than one day

58716

hrs.

min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Unemployed

## 11. Industry or business

12. Name Mahlon Slaysman13. Birthplace Maryland14. Maiden name Mary Anne Joseph15. Birthplace Maryland16. Informant Clinical Records, Vet. Adm. Hosp.Address Fort Howard, Maryland17. Burial Date thereof 11/27/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Parkwood Cemetery  
Baltimore, Md.Location Taylor Ave18. Funeral director Howard Blight Howard H. BlightAddress 6009 Harford Rd., Balto., Md.19. 11-26-48  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1948, at 2:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 22 1948 to November 24 1948and that I last saw him alive on November 24 1948

Immediate cause of death

Pneumonia, lobular causeBacterial

DURATION

Unknown

Due to

Due to

Other conditions Pulmonary Emphysema  
cause Unknown

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Wilbur R. Ellis  
WILBUR R. ELLIS, M.D.

M. D. or other

Address VAH, FORT HOWARD, MD. Date signed 11-25-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 157 days  
 Hospital, institution, or street address where death occurred:  
Veterans Adm. Hospital, Ft. Howard, Md.  
 How long in hospital or institution? 157 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County .....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2069 Druid Park Drive  
 (If rural, give LOCATION)  
 2.(a) If veteran, name was WW II

## 3. (a) FULL NAME

RAYMOND A. SMATHERS

## 3. (b) Social Security Number

Unknown

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Helen F. Smathers

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4-14-058. AGE: Years Months Days It less than one day  
43 7 3 ..... hrs. .... min.9. Birthplace Lochgelly, W. Va.  
 (Town, county, and state)10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER  
 12. Name Andrew Smathers  
 13. Birthplace Unknown  
 14. Maiden name Louise Stevenson  
 15. Birthplace Ohio

16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland17. Burial Date thereof 11/20/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore National CemeteryLocation Baltimore, Maryland18. Funeral director Howard N. BlightAddress 6009 Harford Rd., Baltimore, Md.19. Nov 19 19 48 A W Hedrick  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 19 48 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
June 13 19 48 to November 17 19 48  
 and that I last saw him alive on November 17 19 48

Immediate cause of death  
Tuberculous pleural effusion

DURATION

6 mos.

Due to .....

Due to .....

Other conditions Chronic Nephritis 9 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H C Managh

H.C. MANAUGH, M.D. Chief of Per.

Address VAH, Ft. Howard, Md. Date signed 11-18-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11235

Reg. Dist. No. 43

## 1. PLACE OF DEATH:

County... Baltimore  
 City or town... Raspeburg, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 1 week  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Baltimore  
 City or town... Raspeburg, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... 5809 Westwood Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

ANNA M. SMITH

## 3. (b) Social Security Number

4. Sex... female 5. Color or race... white 6.(a) Single, married, widowed, or divorced... married  
 6.(b) Name of husband or wife... Arthur J. Smith  
 6.(c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.)... May 13th, 1876

8. AGE: Years... 72 Months... 6 Days... 6 If less than one day... hrs. min.

9. Birthplace... N.J.  
 (Town, county, and state)

10. Usual occupation... at home

11. Industry or business

12. Name... John Quackenbush

13. Birthplace... N.J.

14. Maiden name... Katherine Post

15. Birthplace... N.J.

16. Informant... Mr. A.J. Smith

Address... 5809 Westwood Ave.

17. burial Date thereof... 11/22/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Parkwood

Location... Baltimore, Md.

18. Funeral director... Lassahn Funeral Home

Address... 7401 Belair Rd.

19. Nov 20 1948 Mrs. G.L. Reynolds  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... November 19th, 1948, at 7:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1948, to Nov 19 1948, and that I last saw him alive on Nov 19 1948.

Immediate cause of death... Cerebral Hemorrhage DURATION... 6 hrs.

Due to... Arteriosclerosis many years

Due to...  
 Other conditions...

(Include pregnancy within 8 months of death)

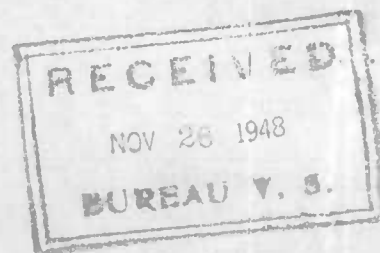
Major findings of operations... Date of op. ....

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of ...  
 Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...  
 Means of injury... Injured at work?

23. SIGNATURE... Wm. R. English M.D. M. D. or other  
 Address... 5715 Belair Rd. Date signed... 11-19-48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11236

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Catonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Two years, 8 months, 29 days  
 Hospital, institution, or street address where death occurred:  
Spring Grove State Hospital  
 How long in hospital or institution? Two years, 8 months, 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore City  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 324 S. Monroe Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

JOHN SMOOT

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Minnie Louise Smoot  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Unknown July 2, 1868  
 8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation None  
 11. Industry or business \_\_\_\_\_  
 12. Name William A. Smoot  
 13. Birthplace Maryland  
 14. Maiden name Maggie Jones  
 15. Birthplace Maryland

16. Informant Hospital records  
 Address Catonsville 28, Maryland  
 17. Burial Date thereof 11/29/48  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet  
 Location Balto. Md.  
 18. Funeral director William Cook Inc.  
 Address 1217 St. Paul st  
 19. Nov. 27, 48 R.M. A.W. Hargrave  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 19 48 at 6:45 AM  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 28, 19 46 to November 26 19 48  
 and that I last saw him alive on November 26, 19 48

Immediate cause of death \_\_\_\_\_ DURATION 12 hours  
Coronary occlusion

Due to Arteriosclerotic heart disease Indef.

Due to Chronic interstitial nephritis "

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Isadore Tuerk, M. D. M. D. or other \_\_\_\_\_Address Catonsville, 28, Md. Date signed 11/26/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

11237

## 1. PLACE OF DEATH:

County..... Balto. CARNEY  
 City or town..... 8902 Audrey Ave  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Balto.  
 City or town..... CARNEY  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 8902 Audrey Ave  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Emma L. Sonn (Beretta Esch)

## 3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Edward J.

7. Birth date of deceased (mo., day, yr.)

Aug 25 1917

6. (c) If alive, give age

33 years

8. AGE:

Years

Months

Days

If less than one day

31

hrs.

min.

9. Birthplace

Balto.  
(Town, county, and state)

10. Usual occupation

Wiring Dept.

11. Industry or business

Black & Decker

12. Name

Frederick DeBaugh

13. Birthplace

Balto.

14. Maiden name

Emma Paulis

15. Birthplace

Balto.

16. Informant

Edward J. Sonn

Address

8902 Audrey Ave

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

Nov 8 1948  
(month) (day) (year)

Cemetery or crematory

MORELAND PARK

Location

TAYLOR AVE

18. Funeral director

DIPPEL BROTHER

Address

7110 BELAIR RD.

19.

11/5  
(Date rec'd by registrar)

19

48W. Hedrick  
Registrar

23. SIGNATURE

O. E. Gouzalez M.D.

Address

8304 Harford Rd

Date signed

Nov 4/1948

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 4..... 19 48 at 9:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1st..... 19 48..... to Nov 4th..... 19 48  
 and that I last saw him alive on Nov 4th..... 19 48

Immediate cause of death Carcinoma

DURATION

Due to

Generalized Carcinoma1 year

Due to

Carcinoma of cervix

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

O. E. Gouzalez M.D.

Address

8304 Harford Rd

Date signed

Nov 4/1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Cockeysville Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 yrs 7 mths 2 months  
 Hospital, institution, or street address where death occurred:  
Apsonic Home  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Md County Talbot  
 City or town Coston Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

David McMillan Skene

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 7. Birth date of deceased (mo., day, yr.) Feb. 28 - 1862  
 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Year 86 Month 8 Day 19 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Bladensburg Md  
 (Town, county, and state)  
 10. Usual occupation Linotype Operator  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name James McFarlane Skene  
 13. Birthplace Scotland  
 14. Maiden name Martha Plummer  
 15. Birthplace Talbot County, Md

16. Informant Bruce M. Schneider  
 Address Apsonic Home, Cockeysville Md  
 17. Burial Date thereof 11-20-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Springhill Coston, Md  
 Location Talbot Co

18. Funeral director Wm. Cooks  
 Address St. Paul & Preston St

19. 11/18 48 Laura M. Schneider  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 19 48 at 8:30 a m  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 9 19 46 to Nov. 17 19 48  
 and that I last saw him alive on Nov. 17 19 48

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
 Due to Heart Failure 1 week  
 Due to Arterio sclerosis 6 years  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Walter T. Kees Jr. D. M. D. or other \_\_\_\_\_  
 Address Cockeysville, Md Date signed 11-17-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11239

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Balto.City or town Eatonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:

Walker Ave.

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.City or town Catonsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Walker Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

HESTER ELLEN STABLER

## 3. (b) Social Security Number

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife. --

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1870

8. AGE: Years Months Days If less than one day

78

2

28

hrs.

min.

9. Birthplace Balto. Co.

(Town, county, and state)

10. Usual occupation Retired school teacher

11. Industry or business

12. Name Edmund Stabler13. Birthplace Balto. Co.14. Maiden name Rebecca Cuddy15. Birthplace Balto. Co.

Miss Rebecca Stabler

16. Informant

Address Walker Ave., Catonsville 28, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 11/18/48

(month) (day) (year)

Cemetery or crematory Stabler's Cem.Location Stablersville, Md.18. Funeral director WM. J. TICKNER & SONSAddress Balto., Md.19. Nov 18 1948 G. W. Hedrick

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15, 1948 at 9:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 10 to Nov 15 1948and that I last saw him 2 alive on Nov 14 1948

Immediate cause of death

Chr. reg. carcinoma -decompensation -

DURATION

8 yrs

Due to

Due to

Other conditions Decubitus ulcers -Secondary infection

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J. E. HedrickAddress 723 Hedrick Ave. Balt.Date signed 11-16-48

M. D. or other

Baltimore, Md.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11241

### 1. PLACE OF DEATH

County..... Baltimore - 19.  
City or town..... Fort Howard  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 9 years  
Hospital, institution, or street address where death occurred:  
#11 Denton Ave.  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Md County..... Balto  
City or town..... as in #1  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 11 Denton Ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

MARY LANE THAMERT

### 3. (b) Social Security Number

212-22-0707

4. Sex..... Female 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... married

6.(b) Name of husband or wife..... Joseph Thamert

7. Birth date of deceased (mo., day, yr.)..... March 21, 1878 6.(c) If alive, give age..... 76 years

8. AGE: Years..... 70 Months..... 8 Days..... 7 If less than one day..... hrs. .... min.

9. Birthplace..... Baltimore  
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... own home

12. Name..... Thomas Lippencott

13. Birthplace..... Baltimore, Md.

14. Maiden name..... Katie Murall

15. Birthplace..... Baltimore, Md.

16. Informant..... Catherine E. Rowles

Address..... 3316 Ravenwood Ave Balto 13

17. Burial Date thereof..... 12/1/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Parkwood cemetery

Location..... Baltimore, Maryland

18. Funeral director..... HENRY SANDER & SONS, INC.

Address..... NORTH AVE. & BROADWAY

19. 11/30 19 48 Registrar..... A. W. H. H. H.

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 28, 1948, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 22 19 48, to November 27 19 48, and that I last saw him alive on Nov. 27 19 48

Immediate cause of death..... Chronic myocarditis DURATION..... 2 yrs.

Due to..... arteriosclerosis DURATION..... 10 yrs.

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....  
Means of injury..... Injured at work?.....

23. SIGNATURE..... Louis D. Tolson, M.D.  
6408 N. Point Rd Balto 19 M. D. or other  
Address..... Date signed 11/28/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 31

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Woodlawn  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.  
Woodlawn  
 City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. 6701 Windsor Mill Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Lydia Perrine Thayer

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

William H. Thayer

7. Birth date of

deceased (mo., day, yr.)

Oct. 1, 1871

6. (c) If alive, give age years

8. AGE:

Years

77

Months

1

Days

26

If less than one day

hrs. min.

9. Birthplace

Balto. Md.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Richard J. Perrine

13. Birthplace

Balto. Md.

MOTHER

14. Maiden name

Sarah E. Stansbury

15. Birthplace

Balto. Md.

16. Informant

William C. Thayer

Address

731 Brookwood Road

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Nov. 29, 1948

(month) (day) (year)

Cemetery or crematory

Loudon Park Cemetery

Location

Fred. Ave. Balto. Md.

18. Funeral director

Address

1900 Rutaw Place19. Nov 29 19 48  
(Date rec'd by registrar)A. W. Hedrick  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 19 48, at            M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19            to Oct 15 19 48and that I last saw him or alive on Nov 27 19 48

Immediate cause of death

Coronary Thrombosis

DURATION

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

A. C. Smith

M. D. or other

Address 4510 Liberty Hts. Ave. Date signed Nov 28

MARGIN RESERVED FOR BINDING

VS A15 9-45-15MM

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11242

Reg. Dist. No. 31

### 1. PLACE OF DEATH:

County Baltimore

City or town Harrisonville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Harrisonville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Burgie Nettie Triplett

### 3. (b) Social Security Number

4. Sex St. 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Harold E Triplett

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1866

8. AGE: Years 82 Months 3 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jesse Dell

13. Birthplace Md.

14. Maiden name Susan Parker

15. Birthplace Md.

16. Informant Mr. Jesse Triplett

Address Randallstown, Md.

17. Burial Date thereof Nov 15 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Woods Chapel

Location Liberty Rd., Balt Co., Md.

18. Funeral director C. Harry New

Address Lynchville, Md.

19. 11/14/48 19 48 Mr. E. Martin  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1948 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to Nov. 13, 1948

and that I last saw her alive on Nov. 12, 1948

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cerebral hemorrhage 5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Mr. E. Martin M. D. or other \_\_\_\_\_

Address Randallstown Date signed 11/14/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:  
 County Baltimore  
 City or town Owings Mills  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 18 years  
 Hospital, institution, or street address where death occurred:  
Pleasant Hill Road Owings Mills Md  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Baltimore  
 City or town Owings Mills  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Pleasant Hill Road  
 (If rural, give LOCATION)  
 2(a) If veteran, name war No

3. (a) FULL NAME Charles Louis Turnbaugh

3. (b) Social Security Number None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
 6. (b) Name of husband or wife Viola May Sprinkle Turnbaugh  
 6. (c) If alive, give age 38 years  
 7. Birth date of deceased (mo., day, yr.) October 31 1899  
 8. AGE: Years 49 Months - Days - If less than one day - hrs. - min.

9. Birthplace Owings Mills Balto Co Md  
 (Town, county, and state)  
 10. Usual occupation Chauffeur  
 11. Industry or business -

12. Name Jacob H H Turnbaugh  
 13. Birthplace Owings Mills Md  
 14. Maiden name Anne Elizabeth Wessel  
 15. Birthplace Owings Mills Md

16. Informant Mrs Charles L Turnbaugh  
 Address Owings Mills Md

17. Burial Date thereof Nov 3 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St Paul's Cemetery  
 Location Arcadia Md

18. Funeral director Wm Berryman & Sons  
 Address Reisterstown Md

19. 11 - 1948 Mary B. E. Line  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 1st 1948 at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1948 to Nov 1st 1948  
 and that I last saw him alive on Nov 1st 1948

Immediate cause of death Terminal Pneumonia

#### DURATION

2 days

Due to Carcinoma of Rectum with Metastasis to Liver

6 mos.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma Rectum (biopsy)  
 Date of op. May 10 1948

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Martin E. Strobel M. D. or other  
 Address Reisterstown, Md. Date signed 11/1/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
NOV 2 1948  
BUREAU A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

## 1. PLACE OF DEATH:

County BaltimoreCity or town Mount Wilson  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 0 yrs., 1 mo., 10 daysHospital, institution, or street address where death occurred Mt. WilsonBranch, Md. T. B. SanatoriumHow long in hospital or institution? 0 yrs., 1 mo., 10 days

## 3. (a) FULL NAME

William S. Umbrage

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 2668 Frederick Avenue  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

# Unknown

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Separated

## 8. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15, 1893

## 8. AGE:

Years

Months

Days

If less than one day

55027

hrs.

min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Glass Worker

## 11. Industry or business

12. Name William S. Umbrage13. Birthplace Baltimore, Md.14. Maiden name Minnie Bottinger15. Birthplace Baltimore, Md.16. Informant Wm. S. UmbrageAddress 2668 Frederick Ave., Balto., Md.17. Burial Date thereof 11/15/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Western CemeteryLocation Edmondson Ave. & Longwood St.  
Balto., Md.18. Funeral director Geo. L. SchwabAddress 2101 Frederick Ave., Balto., Md.19. 11/11/48

(Date rec'd by registrar)

Abel R. Mayer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1948 at 7:45 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 1, 1948 to Nov. 11, 1948  
and that I last saw him alive on November 11, 1948

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Due to

Other conditions Pulmonary Tuberculosis6 mos.

(Include pregnancy within 3 months of death)

Major findings of operations No operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

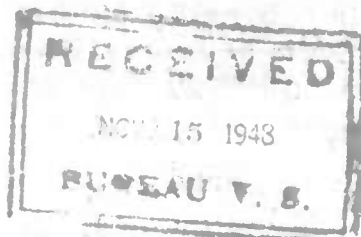
Injured at work?

23. SIGNATURE Stewart S. Shaffer m.d.

M. D. or other

Address Mt. Wilson, Md. Date signed 11/11/48





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11245 75

### 1. PLACE OF DEATH:

County Baltimore  
City or town Rural near Lineboro  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 42 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Baltimore  
City or town Rural near Lineboro  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 4 mi North Lineboro  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Mary Ann Wagner

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Josiah Henry Wagner

7. Birth date of deceased (mo., day, yr.) March 12, 1881 6. (c) If alive, give age 68 years

8. AGE: Years 67 Months 6 Days 10 If less than one day hrs. min.

9. Birthplace New Freedom, Pa. R.D.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Jeremiah Ehrhart

13. Birthplace York Co., Penna.

14. Maiden name Amanda Raubenstein

15. Birthplace Hanover, Pa.

16. Informant Josiah H. Wagner

Address Lineboro, Md. R.D.

17. Burial, cremation, or removal, Which? Burial Date thereof Nov. 25, 1948  
(month) (day) (year)

Cemetery or crematory Stiltz Cemetery

Location York Co., Glen Rock, Pa. R.D.

18. Funeral director Jacob Hartenstein

Address New Freedom, Pa.

19. Nov 22 1948 Mrs. W. R. S. Sommer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1948 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated that I attended deceased from NOVEMBER 17 1948 to NOV. 22 1948

and that I last saw him/her alive on NOV. 21 1948

Immediate cause of death Coronary Thrombosis DURATION 4 days

Due to Hypertension 10 years

Due to C.V. Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Maurice C. Varterfiel M. D. or other

Address Hampstead Date signed 11-23-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, he correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11246

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Fort Howard  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 13 days  
 Hospital, institution, or street address where death occurred:  
Veterans Administration Hospital  
 How long in hospital or institution? 13 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 607 Hollen Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war SAW

## 3. (a) FULL NAME

HARRY R. WALTERS

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Ella Walters  
 7. Birth date of deceased (mo., day, yr.) March 8, 1875 6.(c) If alive, give age 73 years  
 8. AGE: Years 73 Months 7 Days 28 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
 (Town, county, and state)  
 10. Usual occupation Unemployed  
 11. Industry or business \_\_\_\_\_  
 12. Name ?  
 13. Birthplace ?  
 14. Maiden name ?  
 15. Birthplace ?

16. Informant Clinical Records, Vet. Adm. Hosp.  
 Address Fort Howard, Md.  
 17. Burial Burial Date thereof 11/8/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Greenmount Cemetery  
 Location Baltimore, Md.  
 18. Funeral director William Cook, Inc.  
 Address Baltimore, Md.  
 19. Nov 6 1948 R.W. 19 \_\_\_\_\_  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 19 48 at 4:55 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 23 19 48 to November 5 19 48  
 and that I last saw him alive on November 5 19 48  
 Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
CEREBRAL ARTERIOSCLEROSIS WITH 1 day  
THROMBOSIS  
 Due to ARTERIOSCLEROTIC HEART DISEASE  
WITH DECOMPENSATION 2 yr. plus  
 Due to \_\_\_\_\_  
 Other conditions GENERALIZED ARTERIOSCLEROSIS 2 yr. plus  
SENILE PSYCHOSIS DUE TO ARTERIO- 1 mo.  
SCLEROSIS  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ injured at work? \_\_\_\_\_  
 23. SIGNATURE W. H. Shacklett M. D. or other \_\_\_\_\_  
 Address VAH, Fort Howard, Md. Date signed 11/5/48

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11247

Reg. Diat. No. 41

### 1. PLACE OF DEATH:

County (1755 Brookview Rd.) Baltimore  
City or town Dundalk, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1755 Brookview Rd. Dundalk, Md.  
(If rural, give LOCATION)

2(a) If veteran, name war 10

### 3. (a) FULL NAME

Amelia Wapp

### 3. (b) Social Security Number

born

4. Sex F 5. Color or race White 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife August

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1860 6. (c) If alive, give age years

8. AGE: Years 88 Months 9 Days 15 If less than one day hrs. min.

9. Birthplace Germany  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name (Unknown) Kuhl

13. Birthplace Germany

14. Maiden name unknown

15. Birthplace Germany

16. Informant Edna Fordney

Address 1755 Brookview Rd. Dundalk

17. Burial Date thereof Nov. 30, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park

Location Wm. Cook Inc.

18. Funeral director

Address 1217 St. Paul St.

19. Nov 29 1948 A. W. Hadyich  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27-48 19 at 5:22 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 46 to Nov. 27, 1948

and that I last saw him alive on Nov. 26, 1948

Immediate cause of death

myocarditis acuta

Due to myocarditis chronic

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David H. Andrew M.D.

Address 2 Knickerbocker Dundalk 221 Md. M. D. or other

Date signed Nov. 27, 1948

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 daysHospital, institution, or street address where death occurred:  
V.A.H. Fort Howard, MarylandHow long in hospital or institution? 17 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 359 W. Preston Street  
(If rural, give LOCATION)2.(a) If veteran, name war World War II

## 3. (a) FULL NAME

EDWARD B. WASHINGTON

## 3. (b) Social Security Number

212-10-5791

4. Sex <u>Male</u>	5. Color or race <u>Negro</u>	6. (a) Single, married, widowed, or divorced <u>Divorced</u> <u>MARRIED</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Divorced Alice May Washington7. Birth date of deceased (mo., day, yr.) October 20, 1906  
6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Year <u>42</u>	Month <u>1</u>	Day <u>1</u>	If less than one day _____ hrs. _____ min.
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9. Birthplace Virginia  
(Town, county, and state)10. Usual occupation Painters' Helper

11. Industry or business

12. Name Richard Washington13. Birthplace Virginia14. Maiden name Indiana Carter15. Birthplace Virginia18. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Md.17. Burial Date thereof November 24, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Baltimore NationalLocation Baltimore, Md.18. Funeral director Charles R. LewAddress 802 Madison Avenue19. Nov 22 1948 A. W. Hedrick  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 19 48, at 6:35a M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 4 19 48, to November 21 19 48and that I last saw him alive on November 21, 1948 19 \_\_\_\_\_Immediate cause of death Cirrhosis of liver, cause unknown unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Norris M. Bullison M. D. or otherAddress VETS. ADM. HOSP. Fort Howard, Md. Date signed Nov. 21, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11249

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

## 1. PLACE OF DEATH:

County Balto.City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.City or town Kearville  
(If outside city or town limits, write RURAL and give nearest town)Street No. Box 329 Lenning Lane  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Raymond B. Hayland

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Hattie HaylandT. Birth date of  
deceased (mo., day, yr.) July 30 - 1875

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

73317

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Virginia

(Town, county, and state)

## 10. Usual occupation

Retired (Laborer)

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Unknown

## 13. Birthplace

"

## 14. Maiden name

"

## 15. Birthplace

"

## 16. Informant

Mrs. Juanita LuebbenAddress Box 329 Lenning Lane, Balto 20-20

## 17.

(Burial, cremation, or removal. Which?)

Date thereof Nov. 18 - 48  
(month) (day) (year)

## Cemetery or crematory

Oak Lawn

## Location

Eastern Ave. Ext.

## 18. Funeral director

John S. Connolly

## Address

418 Eastern Ave. Ext. 21

## 19.

(Date rec'd by registrar)

Nov. 1748John S. Connolly

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1948 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 1946 to Nov. 16 1948and that I last saw him alive on Nov. 15 1948Immediate cause of death Carcinoma of  
pancreas

## DURATION

2 years

Due to

Due to

Other conditions

Cirrhosis of liver & secondary  
metastasis from pancreas

(Include pregnancy within 3 months of death)

Chronic mitral heart disease - 25 years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Dr. Kalodny M.D.

Address

458 Edgewood Ave. N.W.  
Baltimore 21, Md.

Date signed

Nov 16, 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Kalodny  
is Registrar  
469

RECEIVED

NOV 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11250  
44

## 1. PLACE OF DEATH:

County Baltimore  
City or town Fort Howard  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 Days  
Hospital, institution, or street address where death occurred:  
Vets. Adm. Hospital, Ft. Howard, Md.  
How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Baltimore  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1019 Pennsylvania Avenue  
(If rural, give LOCATION)  
2. (a) If veteran, name was VW-I ☒

## 3. (a) FULL NAME

JOHN WEST

## 3. (b) Social Security Number

Unknown

4. Sex <u>Male</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	------------------------------------	--

6. (b) Name of husband or wife Ellen West  
6. (c) If alive, give age 1896 years  
7. Birth date of deceased (mo., day, yr.) November, 1896  
8. AGE: Years 52 Months 0 Days 0 It less than one day 0 hrs. 0 min.

9. Birthplace Baltimore, Maryland  
(Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business

12. Name Tony West  
13. Birthplace Unknown  
14. Maiden name Lizzie Unknown  
15. Birthplace Unknown

16. Informant Clinical Records, Vets. Adm. Hosp.  
Address Fort Howard, Maryland

17. Burial Date thereof 11-22-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Baltimore National Cemetery  
Location Baltimore, Md.

18. Funeral director Adolphus Halstead  
Address 918 Druid Hill Ave. Balto. Md.

19. Nov. 22 19 48 A. W. Hedrick  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 18, 19 48, at 1:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 16, 19 48 to November 18, 19 48 and that I last saw him alive on November 18, 19 48.

Immediate cause of death CHRONIC NEPHRITIS  
DURATION Unknown

Due to CHRONIC NEPHRITIS  
Due to CHRONIC NEPHRITIS

Other conditions CHRONIC NEPHRITIS  
(Include pregnancy within 8 months of death)

Major findings of operations CHRONIC NEPHRITIS  
Date of op. CHRONIC NEPHRITIS

Autopsy results Substantiated above  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide CHRONIC NEPHRITIS Date of CHRONIC NEPHRITIS  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury CHRONIC NEPHRITIS Injured at work?

23. SIGNATURE Pave Pave M. D. or other  
Address VAH, Fort Howard, Md. Date signed 11/19/48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 11251 44

## 1. PLACE OF DEATH:

County Baltimore County Md.  
City or town Middle River - Victory Villa  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years.

Hospital, institution, or street address where death occurred:

10 Rainway Court Baltimore Md.How long in hospital or institution? none.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)

State Tennesse County Roane CountyCity or town Rockwood  
(If outside city or town limits, write RURAL and give nearest town)Street No. Rt 2  
(If rural, give LOCATION)2.(a) If veteran, name war. none.

## 3. (a) FULL NAME

Christopher Columbus Whittle

## 3. (b) Social Security Number

none.

## 4. Sex

male

## 5. Color or race.

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

olive Belle Whittle6. (c) If alive, give age 67 years

## 7. Birth date of

deceased (mo., day, yr.)

Sept 7, 1874

## 8. AGE:

Years 74 Months 2 Days 1 If less than one day  
hrs. min.

## 9. Birthplace

Decalb County Alabama  
(Town, county, and state)

## 10. Usual occupation

miner

## 11. Industry or business

same

## FATHER

12. Name William Whittle13. Birthplace unknown14. Maiden name Ellen Henderson15. Birthplace unknown16. Informant Vernie BakerAddress 10 Rainway Ct Baltimore 20 Md.17. Burial  
(Burial, cremation, or removal) Which?Date thereof 11/9/48  
(month) (day) (year)Cemetery or crematory Glen HavenLocation Glen Haven Mc18. Funeral director Thomas J. JonesAddress 1214 Rt 2019. Nov 9, 48 9:30 AM  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1948 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 5 1948 to Nov 8 1948and that I last saw him alive on November 5 1948

Immediate cause of death

Pneumonia

## DURATION

Due to

Due to

Other conditions

Hypertension & Hypertensive heart disease with arrhythmia  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James R. Beck MD M. D. or otherAddress 901 Funchess Ave Balto Date signed 11/8/48  
20 Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

11252

41

94a

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Victory Villa  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

9 Yawmuth Drive

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BaltimoreCity or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 9 Yawmuth Drive  
 (If rural, give LOCATION)2. (a) If veteran, name war NO

## 3. (a) FULL NAME

George Winkleman

## 3. (b) Social Security Number

140-07-9803

4. Sex

m

5. Color or race

W

6. (a) Single, married, widowed, or divorced

m

6. (b) Name of husband or wife

Hedwig

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Feb. 25, 1893

8. AGE:

Years

Months

Days

If less than one day

55823

hrs.

min.

9. Birthplace

Reading, Pa.  
 (Town, county, and state)

10. Usual occupation

Factory Worker

11. Industry or business

Cross & Jewell

12. Name

George Winkleman

13. Birthplace

Reading, Pa.

14. Maiden name

Dorothy Winkle

15. Birthplace

Reading, Pa.

16. Informant

Hedwig Winkleman

Address

9 Yawmuth Drive

17. Burial, cremation, or removal. Which?

Burial

Date thereof

11/27/48  
 (month) (day) (year)

Cemetery or crematory

Gray Lutheran

Location

Baltimore & Md

18. Funeral director

Thompson & Co

Address

1217 N. Bond

19. Nov 19

48C. W. Hedrick

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 18, 1948 at 9:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 22, 1948 to November 18, 1948and that I last saw him alive on November 18, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

8 hrs.

Due to

Coronary Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Jack Wexler, MD  
805 Fidelity Ave

M. D. or other

Date signed 11/18/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

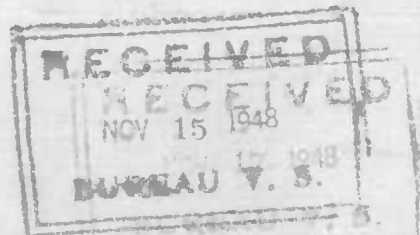
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

<b>1. PLACE OF DEATH</b> County..... <u>Balto</u> City or town..... <u>Essex</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: <u>341 Oberle Ave</u> How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>md</u> County..... <u>Balto</u> City or town..... <u>Essex</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>341 Oberle Ave</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>Julia Ann Wright</u>				<b>3. (b) Social Security Number</b>			
<b>4. Sex</b> <u>F</u>		<b>5. Color or race</b> <u>W.</u>		<b>6. (a) Single, married, widowed, or divorced</b>			
<b>8. (b) Name of husband or wife</b> <u>John</u>				<b>6. (c) If alive, give age</b> _____ years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>July - 1st - 1862</u>				<b>7. AGE:</b> Years <u>86</u> Months <u>4</u> Days <u>13</u> If less than one day _____ hrs. _____ min.			
<b>9. Birthplace</b> <u>Ohio</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Housewife</u>			
<b>11. Industry or business</b> <u>at home</u>				<b>12. Name</b> <u>Richard Hemming</u>			
<b>13. Birthplace</b> <u>Ohio</u>				<b>14. Maiden name</b> <u>Lydian Marsh</u>			
<b>15. Birthplace</b> <u>Ohio</u>				<b>16. Informant</b> <u>Mrs. Floyd Poster</u> Address <u>341 Oberle Ave.</u>			
<b>17. Disposition</b> <u>burial</u> Date thereof <u>Nov 15-48</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Carrolltown Cem.</u> Location <u>Carroll Co., Canton Ohio</u>				<b>18. Funeral director</b> <u>Thos. G. Connolly</u> Address <u>418 Eastern Ave.</u>			
<b>19. Date rec'd by registrar</b> <u>Nov - 15 - 48</u>				<b>23. SIGNATURE</b> <u>James F. White Md</u> <u>422 Eastern Ave</u> <u>Baltimore Md</u> Address _____ Date signed <u>11/15/48</u>			
<b>MEDICAL CERTIFICATION</b>							
<b>20. DATE OF DEATH</b> <u>November 14</u> 19 <u>48</u> at <u>7:00 P.</u> M							
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>July</u> 19 <u>48</u> to <u>November 14</u> 19 <u>48</u> and that I last saw him alive on <u>November 14</u> 19 <u>48</u>							
<b>Immediate cause of death</b> <u>Chronic Myocarditis; Atherosclerosis; Hypertension</u>						<b>DURATION</b> <u>10 yrs.</u>	
<b>Due to</b> _____						_____	
<b>Due to</b> _____						_____	
<b>Other conditions</b> _____						_____	
(Include pregnancy within 3 months of death)							
<b>Major findings of operations</b> <u>no</u>						<b>Date of op.</b> _____	
<b>Autopsy results</b> <u>no</u>						<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>	
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>							
<b>Accident, suicide, or homicide</b> _____						<b>Date of</b> _____	
<b>Where did injury occur?</b> _____ (City or town) (County) (State)						_____	
<b>Injured at home, farm, industry, public place (where?)</b> _____						_____	
<b>Means of Injury</b> _____						<b>Injured at work?</b> _____	





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 31

## 1. PLACE OF DEATH:

County..... Balto.

City or town..... Woodlawn  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

5 Gwynn Lake Drive

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Balto.

City or town..... Woodlawn  
(If outside city or town limits, write RURAL and give nearest town)Street No..... 5 Gwynn Lake Drive  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

FRANCIS HAROLD WYATT

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6.(a) Single, married, widowed, or divorced

married

## 6.(b) Name of husband or wife

Helen Marie Wyatt (nee McDonnell)

## 7. Birth date of

deceased (mo., day, yr.)

June 13, 1876

## 8. AGE:

Years

Months

Days

If less than one day

72

5

13

hrs.

min.

## 9. Birthplace

Maryland

(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Penna. R. R.

FATHER  
MOTHER

## 12. Name

Joseph N. Wyatt

## 13. Birthplace

Maryland

## 14. Maiden name

Frances Harper

## 15. Birthplace

Harper's Ferry, W. Va.

## 16. Informant

Mrs. Helen M. Wyatt wife

## Address

5 Gwynnlake Dr., Woodlawn

## 17.

Burial

Date thereof

11/29/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Woodlawn Cem

## Location

Woodlawn, Md.

## 18. Funeral director

WM. J. TICKNER &amp; SONS

## Address

Balto., Md.

## 19.

Nov 29 19 48

(Date rec'd by registrar)

A. W. Hedrick

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 26, 19 48, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 19 48 to 26 Nov 19 48  
and that I last saw him alive on 26 Nov 19 48

Immediate cause of death

Acute Coroner's Heart Failure  
Hypertension C.V. Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address..... 142 Westmore Pl. Date signed 27 Nov 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.